

Antrim House
55 Main Street P.O. Box 344
Antrim, NH, 03440
Phone: 603-808-0185
Fax: 603-808-0211



Authorization for Release of Protected Health Information (PHI)

I, _____ DOB _____

Authorize Sobriety Centers of NH, Antrim House to obtain from and/or release to the following Protected Health Information (PHI) for the purpose of Coordination of Care from:

(Individual, Organization, or Agency)

<input type="checkbox"/> Obtain From	and/or	<input type="checkbox"/> Release To
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Please specify the type of PHI that may be obtained and/or released by checking the boxes below:

<input type="checkbox"/> Location and Status of Treatment	<input type="checkbox"/> Medical Records (check one below)
<input type="checkbox"/> Admission Records	<input type="checkbox"/> All Medical Records (except HIV)
<input type="checkbox"/> Treatment Progress Information	<input type="checkbox"/> Specific Medical Records: _____
<input type="checkbox"/> Discharge/Termination Records	<input type="checkbox"/> Psychiatric/Psychological/Psychosocial Records
<input type="checkbox"/> Vocational Records	<input type="checkbox"/> Drug Test Results
<input type="checkbox"/> Other Records or Information	<input type="checkbox"/> Verbal Exchange of Information
(specify): _____	

I understand that my above records are protected under Federal regulations, including the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), and regulation 42 CFR Pt. 2 for alcohol and drug dependent persons, and cannot be disclosed by Sobriety Centers of NH without my written consent unless otherwise provided for in the federal or state regulations.

I understand that information used or disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and if so may not be subject to federal or state law protecting its confidentiality. A scanned/faxed copy of this authorization shall be considered as effective and valid as the original. I accept the risk of misdirected information (release authorization or records via a misdialed phone number).

This release is valid for a period of one year or 30 days after termination of chart (if less than 1 year), or unless another date, event, or condition is specified herein: _____

Signature: _____ Date: _____

Witness: _____ Date: _____