

c. I have received a copy of this Authorization after I sign it or refuse to sign it. A photocopy of this Authorization will be considered as valid as the original.

Signature of Client: _____
Date: _____

Signature of Parent, Guardian or
Responsible Party of a Client who is a Minor: _____
Date: _____

_____: Check here if Authorization not given

The Provider will not condition treatment or payment on this Authorization. Information disclosed pursuant to this Authorization may be subject to redisclosure by the recipient and no longer protected by applicable law, rule, or regulation.

Prohibition on Redisclosure:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.