



**CONSENT FOR THE RELEASE OF
CONFIDENTIAL SUBSTANCE USE DISORDER
INFORMATION**

I, _____
(NAME OF PATIENT) (BIRTHDATE)

authorize Family Health Centers of San Diego to disclose the following information:

Coordination of care.

(Type and amount of information to be disclosed, as limited as possible)

To: **Family Health Centers of San Diego**

(Name of individual(s) or General Designee (multiple individuals may be listed if the release is for the same purpose))

The purpose of the disclosure authorized herein is to:

**SUD treatment records such as: intake, attendance, progress in treatment,
treatment plan, and discharge summary.**

(Purpose of disclosure, as specific as possible)

The confidentiality of substance abuse client records maintained by this program is protected by federal law and regulations. Generally, the program may not reveal any information outside of the treatment facility that a client attends or disclose any information identifying a client as a drug or alcohol abuser, unless:

1. The client consents in writing; OR
2. The disclosure is mandated by a court order; OR
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; OR
4. The client commits or threatens to commit a crime on the premises or against personnel; OR
5. Client reports intent to harm self or others

Violation of the federal law and regulations by a program is a crime. Suspected violations should be reported to the United States Attorney in the district where the violation occurs. The US Attorney's Office Southern District of California can be contacted at 619-557-5610 or 800-544-1106. Federal law and regulations do not protect any information about



**PROHIBITION ON RE-DISCLOSURE OF
CONFIDENTIAL INFORMATION**

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suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. (See 42 USC 290dd-2 for federal law and 42 CFR Part 2 for federal regulations governing Confidentiality of Substance Abuse Patient Records)

This information is being disclosed from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), Part 2 and contains information concerning a client in alcohol and/or other drug treatment. The federal rules prohibit recipients of such protected information from redisclosure unless further disclosure is expressly permitted by the written consent of the person (or legal representative) to whom it pertains or as otherwise permitted by 42 CFR, Part 2.

A general authorization for the release of medical or other information cannot be used in place of this authorization. Additionally, federal rules restrict any use of this protected information to criminally investigate or prosecute any substance use disorder patient.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires one year from the date this document is signed unless as otherwise indicated below:

(Specification of the date, event of condition upon which this consent expires)

I have read and understand this notice and have had any questions regarding the content of this notice addressed and answered and have been advised of my right to receive a copy of this authorization.

Client Printed Name

Client Signature

Date

Staff Printed Name

Staff Signature

Date