



Behavioral Treatment Services

Headquarters: 12600 W Colfax Ave, STE B-410, Lakewood, CO 80215-3722

www.btxs.org

Client Full Name: _____

Client Date of Birth: ____ / ____ / ____

Authorization to Release/Request Information

As a client of Behavioral Treatment Services, I authorize staff of BTS to Release/Request Protected Health Information to:

1. Agency	
2. Person	
3. Contact Information	

I understand that the following specific items and information will be released in writing and/or verbally by **Behavioral Treatment Services** staff to the above named individual/s at the above noted agency/s.

INFORMATION TO BE RELEASED:

	Evaluation Summaries
	Recommendations regarding treatment/termination
	Psychiatric History
	Drug and Alcohol History/Treatment
	Substance Abuse
	Case Management Information
	Group Progression and/or Notes
	Other (Please Describe):

PURPOSE FOR DISCLOSURE:

	Service Planning
	Continuity of Care
	Assessment/Evaluation
	Emergency Contact
	Other (Please Describe):

I understand that I am authorizing the disclosure of the above information for the purposes of reporting on my participation in Behavioral Treatment Services and that such disclosure is within the requirements of the Health Insurance Portability and Accountability Act of 1996 and its related regulations governing the privacy of health information. **I understand this release will expire 60 days after my discharge from treatment or 365 days from the date that this document was signed, whichever comes first.**

I also understand that I can revoke this consent at any time, either written or verbally.

Your Rights With Respect To This Authorization: I understand that any disclosure made is bound by Part Two of Title 42 of the Code of the Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients' of this information may re-disclose it only in connection with their official duties, in a professional manner. I herewith release Behavioral Treatment Services from all liability to me for giving out such information. Such notification may be made by the following: US mail, e-mail, telephone and fax, unless otherwise noted.

Signature

Signed on