



Authorization for Release of Medical Information to HUGS Foundation

I, _____ born on ___ / ___ / _____
Last Name, First Name, Middle Initial

Address _____ SS # _____
Phone Number _____ Home ___ Cell ___ Work

Hereby authorize _____ to furnish
Name of Treatment Provider

to the HUGS Foundation, all diagnostic and assessment information regarding substance abuse and mental health treatment, treatment recommendations, information regarding attendance at treatment programs, treatment history and other information requested by the HUGS Foundation to assist the Foundation in making a determination regarding financial assistance. This includes the treatment provider filling out any required or supportive forms provided by the HUGS Foundation requesting specific information. I hereby also authorize the above named Treatment Provider to speak to a representative of the HUGS Foundation regarding the above information if contacted by the Foundation. This authorization is valid for 90 days unless revoked earlier in writing provided to the above named Treatment Provider. I understand that any revocation will not apply to information that has already been released in response to this authorization. I understand that once the information is disclosed to the HUGS Foundation, that it may no longer be protected by federal privacy regulations.

X _____ Date _____
Signature of Patient or Person Authorized to Consent

X _____ X _____ Date _____
Relationship to client Witness

If the records released include information of any diagnosis or treatment of alcohol or substance abuse, the following statement applies to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules, the Federal rules prohibit the recipient from further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. 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 information to criminally investigate or prosecute any alcohol or substance abuse client. These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.

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