

SAMPLE HIPAA and CFR Release

**CONSENT FOR THE RELEASE OF
CONFIDENTIAL PROTECTED HEALTH INFORMATION:**

I, _____, authorize the _____ Drug Court, the _____ Court Probation Department employees supervising my case(s), those serving as Drug Court coordinators and case managers, and those participating in Drug Court case management conferences and their supervisors including treatment providers and law enforcement representatives, to communicate with, share, and disclose to one another all of my substance abuse treatment information including my identifying information, my mental health, psychiatric, and medical information, my diagnoses, my urinalysis and other substance testing results, my attendance or lack of attendance at treatment sessions and appointments, my cooperation with treatment, my progress in treatment, and opinions concerning my prognosis. The purposes of the disclosure are to inform the above of my attendance and progress in treatment and to assist them in evaluating and managing my recovery from substance abuse. I am willing to have information relating to drug or alcohol use, AIDS or HIV status disclosed to the above-identified parties.

I understand that my non-identifiable information will be used for evaluation purposes of Massachusetts Drug Courts.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA, 45 C.F.R. Parts. 160 & 164. I also 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 automatically at the end of my term of probation or upon further court order, whichever shall first occur. Any revocation must be in writing.

I understand that I might be denied services if I refuse to consent to the disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I recognize that hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of

participation in Drug Court. I specifically consent to this potential disclosure to third persons.

I understand that if I refuse to consent to the disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action is grounds for immediate termination from the Drug Court.

I acknowledge that I have been advised of my rights, have received a copy of this form and have had the benefit of legal counsel or have voluntarily waived my right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this consent voluntarily.

My consent to disclosure specifically includes the following and those who assist them in their work:

- : Judges who preside over Drug Court including _____, _____;
- : Probation Department employees including _____, _____;
- : Law enforcement employees including _____;
- : Treatment employees including _____, group leaders, and individual counselors;
- : Treatment providers and employees including group leaders and individual counselors;
- : My medical care providers _____
- 9 _____

Defendant: _____

Date: _____

Witness: _____

Position: _____

PROHIBITION OF RE-DISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. 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 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 this information to criminally investigate or prosecute any alcohol or drug abuse patient.