

**HOME ON THE RANGE**

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, the undersigned, hereby freely and voluntarily authorize Home On The Range, 16351 I 94, Sentinel Butte, ND 58654 to release the following information concerning:

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**Name Of Client** **Date Of Birth**

to:

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**Name Of Person/Hospital/Agency** **Address** **City/State/Zip**

**Information to be released: Home On The Range generated reports may include information pertaining to drug and alcohol abuse/dependence issues and drug and alcohol abuse/dependence diagnostic information.**

**This information is necessary for Diagnosis, Treatment, and Aftercare Planning:**

**Other (specify):** \_\_\_\_\_

I understand that I do not have to give this authorization to receive treatment services and that I may revoke this authorization to release information at any time by giving written notice to Home On The Range. However, I also understand that any information released prior to my revoking this authorization shall not be a breach of my Right Of Confidentiality. Unless I revoke this authorization prior to such time, this authorization shall expire six (6) months after being discharged from Home On The Range. A photocopy of this release is as effective as the original.

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**Client Signature** **Date**

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**Referring Agency Representative** **Date**

**NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS: This information has been disclosed to you from records, the confidentiality of which is protected by federal law. Federal regulations (42CFR Part 2) prohibits any further disclosure of this information without the specific written consent of the person to who it pertains, or as otherwise permitted by such regulations. 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.**