

**AUTHORIZATION FOR RELEASE OF
CONFIDENTIAL INFORMATION**

I, _____ (Name of Client) _____ (DOB)

authorize GATEWAY FOUNDATION to disclose to and/or obtain from:

RECORDS DEPOSITION SERVICE, INC.
PO BOX 5054, SOUTHFIELD, MI 48086-5054 P:248-357-3330 F:248-357-3337
(Name of Hospital, Practice, Provider, or Person; Title of Person or Organization)

the following information from my Drug/Alcohol and/or Mental Health treatment record:
(Client should initial each item to be disclosed)

- Assessment
- Diagnosis
- Psychological Evaluation
- Psychiatric Evaluation
- Treatment Plan or Summary
- Medications
- Presence/Participation in Treatment
- Lab Reports/Drug Screens
- Educational Information
- Discharge/Transfer Summary
- Continuity of Care Documents
- Progress in Treatment
- Medical Records from other Treating Providers
- Nutrition Screen
- HIV Results
- Other _____

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment, when appropriate, coordinate care services or for other purpose, please specify: _____

My treatment, payment, enrollment in a health plan, or eligibility for benefits will not be conditioned upon my authorization of this disclosure.

I also understand that I have the right to revoke this authorization in writing at any time, by sending written notification to my treating Gateway facility. I further understand that a revocation is not effective to the extent that the disclosure agreed to has been acted on. If not previously revoked, this authorization expires one year from the date of my discharge, unless otherwise indicated:

Client _____	Date _____	
Parent _____	Date _____	
Personal Representative _____	Authority to Represent _____	
Witness _____	Date _____	

NOTICE TO RECEIVING AGENCY/PERSON: This record which has been disclosed to you is protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of this record unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or, is otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65