GENESIS RECOVERY SERVICES

2825 W. 42ND Avenue, Anchorage, AK 99517 • Ph: (907) 243-5130 • Fax: (907) 248-8350

CONSENT FOR RELEASE AND EXCHANGE OF INFORMATION:

THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE READ IT CAREFULLY.

I UNDERSTAND THAT GENERALLY GENESIS MAY NOT CONDITION MY TREATMENT ON WHETHER I SIGN THIS CONSENT FORM, BUT IN CERTAIN LIMITED CIRCUMSTANCES I MAY BE DENIED TREATMENT IF I DO NOT SIGN THE CONSENT FORM.

| Patient's Name: Date of Authorization: | | | |
|--|---|---|-------------------|
| SSN: | | Date of Birth: | |
| l, | | , authorize GENESIS RECOVERY | SERVICES, INC. to |
| exchange information verbally, | in writing, or electron | ically with: | |
| Name of Person or Organization | n: | | |
| Address: | | | |
| City, State, Zip: | | | |
| Phone Number: | | Fax Number: | |
| Please initial beside the information | ation you are authorizir | ng us to release: | |
| Evaluation and Diagnosis I Biopsychosocial Information Treatment Plan Treatment Status | | Treatment Prog Attendance Discharge Sum | |
| Other (please specify) | | | |
| The purpose of this release is to | (please be specific): _ | | |
| Any information will not be rele or organizations unless I so auth I understand that I may revoke to after the date of revocation. W from treatment" or as follows:_ | norize or a court order this authorization at a ithout my express rev | rs such release. ny time. No further information rocation, this consent will expire | will be released |
| I understand that I have a right | to receive a copy of th | nis release. | |
| Signature of Patient | Date | Signature of Witness | Date |

Prohibition on Re-disclosure of Information: This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment made to you with the consent of such client from records protected by State and Federal Regulations. Alaska State Regulations 37.210.15(a), "Uniform Alcoholism and Intoxication Treatment Act," states that the registration and other records of treatment facilities shall remain confidential. Federal Regulations 42 CFR Part 2, and HIPAA, 45 CFR pts 160 & 164, prohibit 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 CFR Part 2, and HIPAA, 45 CFR pts 160 164. A general authorization for release pf medical or other information is not sufficient for this purpose. The Federal Regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient. Rev. 11/2016