

Step 10
To CCM

Authorization to Request the Release of Client Information

I, _____ hereby authorize The Center for Contemporary Medicine, its Administrator, Medical Director or designee, to request the release of information contained in my records from the organization or individual listed below, including: (1) alcohol and drug abuse records protected under Code 42 of Federal Regulations, Part 2, if any; (2) medical service records, if any, including communications made by me to a physician, psychologist, social worker, or other health care provider; and (3) information regarding communicable diseases and serious communicable diseases and infections which, as defined by Michigan Department of Public Health Rules, include venereal disease (VD), tuberculosis (TB), Hepatitis B, human immunodeficiency virus (HIV), acquired immunodeficiency syndrome (AIDS) and AIDS related complex (ARC), if any, from the individual and/or organization(s) listed below and only under the condition(s) listed below.

CLIENT'S BIRTH DATE _____ SOCIAL SECURITY NO. _____

1. Name of individual(s) and/or organization(s) from whom the records are requested:

Address:

2. Specific type of information to be requested: _____

3. The purpose and need for such requested information (for mental health records, state how the information is germane to the purpose and need): _____

4. This consent can be revoked at any time unless the Individual, Organization or it's staff has taken certain actions on the understanding, that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent given for alcohol and/or drug abuse records shall have a duration no longer than that, which is reasonably necessary to achieve the purpose for which it is given.

5. Without expressed revocation, this request consent expires for the following reason's, which ever is later:

() Date (60 days unless otherwise specified): _____

() Event: _____

() Condition: Once information is disclosed, no further information can be disclosed pursuant to this consent.

Signature of Client

Date

Signature of Parent, Guardian, or
Representative

Date

Signature of Witness

Date