



CITIZEN POTAWATOMI NATION HEALTH SERVICES

2307 S. GORDON COOPER DR., SHAWNEE, OK 74801

PHONE 405-273-5236 FAX 405-273-8322

AUTHORIZATION TO RELEASE BEHAVIORAL HEALTH INFORMATION

Patient _____ DOB _____ SSN _____ CPNHRN _____

I authorize _____ to release information contained in medical records and charts to the following provider or facility _____

I authorize the releasing provider to release:

- ALL Behavioral Health records pertaining to _____
- Last 2 Years of records from Date signed.
- Last 1 year of records from Date signed.
- Release records covering the period beginning on _____ and ending on _____
- SAE and follow up
- Treatment Reports and Attendance Verification
- Verbal communications to _____

These records will be used for _____

Release records or information including; to have verbal and written communication with CPNHS including access to medical records, medication pickup, and discuss insurance needs with a Benefit Specialist.

This authorization expires on _____ or one year from today's date. I can revoke this authorization at any time although information already released in compliance with this authorization is not subject to revocation. **I understand that my medical records may contain entries which may indicate I have a communicable or non-communicable disease which may include, but not limited to, diseases such as hepatitis, syphilis, gonorrhea, or the Human Immunodeficiency Syndrome (AIDS).** With this knowledge, I freely consent to release the information in my medical records specified above, including information related to my identity. I release the Citizen Potawatomi Nation and the CPN Health Services as well as their agents and employees from any liability in connection with the release of information to which I have consented.

Patient Signature Date Expiration Date From Above

The patient named above is unable to sign this consent because he/she _____

Signature of Parent/Guardian Date Witness Signature Date
Legal Representative/Medical Surrogate

Photo reproductions and facsimile copies of the above signatures have the full force and effect of the originals.

Notice to recipient of copies of medical recordsprohibition against redisclosure: this information is taken from medical records and is protected by federal law. Federal regulation 42 cfr part 2 prohibits you from making further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information held by another party is not sufficient for this purpose. Federal regulations state that any person who violated any provision of this law may be fined not more that \$5000 for each offense. Drug abuse office and treatment act of 1972 (21 usc 1175). Comprehensive Alcohol Abuse Prevention, Treatment, and Rehabilitation Act of 1970 (42 USC 4582). Federal Register, Vol. 40, No. 127 Tuesday, July 1, 1975.

"Authorization to Use or Disclose Protected Health Information." Disclosure made is bound by federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 USC, 290dd-s; 42 CFR, Part 2) and that recipients of the information may receive and redisclosure it only in connection