



Grand Ronde Health & Wellness Center

BROAD CONSENT FOR THE RELEASE OF INFORMATION UNDER 42 CFR PART 2 CONFIDENTIALITY FOR SUBSTANCE USE DISORDER PATIENT RECORDS FOR TREATMENT, PAYMENT, & HEALTHCARE OPERATIONS

I, _____,

CLIENT NAME

DATE OF BIRTH (MM/DD/YYYY)

hereby authorize the Confederated Tribes of Grand Ronde, Grand Ronde Health & Wellness Center to release/disclose the information for the purposes of treatment, payment, and health care operations to:

Name of person/organization/provider (to whom we are releasing information for):

My treating providers, health plans, third-party payers, and people helping to operate this program.

Information to be disclosed:

Entire record

Date of information to be disclosed:

All dates of service

Expiration of Disclosure:

If not previously revoked, this consent will terminate:

None

Upon a specific date, event, or condition as listed here: _____

Patient Acknowledgment:

You have the right to refuse to sign this consent form. However, if you choose not to sign, we may not be able to bill your health plan, meaning you would be responsible for full payment at the time of service. Additionally, we may not be able to coordinate treatment referrals with other providers, which could affect your continuity of care. If you have paid in full and wish to restrict disclosures to your health plan, you must notify us in writing. Additionally, if we require your consent to disclose information for your treatment, payment or health care operations, we will take reasonable steps to ensure a process is in place to accommodate your requests for restrictions on such disclosures, in accordance with regulatory guidance. Your Part 2 Record (or information contained in your Part 2 Record) may be redisclosed in accordance with the permissions contained in the HIPAA regulations, except for uses and disclosures for any civil, criminal, administrative, and legislative proceedings against you.

By signing this form, I acknowledge and consent to the continuous application of this authorization for the release of my health information. This consent shall remain in effect for all services provided to me by the organization, including any treatment or care I may receive upon reentry, dating back to the first date I received services from the organization. This consent will remain valid unless I revoke it or specify otherwise in writing.

I understand that generally Grand Ronde Health & Wellness may not condition my treatment on whether I sign a consent form, but in certain limited circumstances, I may be denied treatment if I do not sign a consent form.

SIGNATURE OF PATIENT

PATIENT'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

SIGNATURE OF PERSONAL REPRESENTATIVE

PERSONAL REPRESENTATIVE'S SIGNATURE

DATE (MM/DD/YYYY)

PRINT NAME

LEGAL AUTHORITY

REVOKING CONSENT

By signing below, I am revoking this Consent for Release of Confidential Health Information Patient Revocation:

PATIENT'S SIGNATURE

DATE (MM/DD/YYYY)

This record which has been disclosed to you is protected by Federal confidentiality rules (42 CFR Part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any Federal, State, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 CFR 2.12(c)(5) or as authorized by a court in accordance with 42 CFR 2.64 or 2.65. In addition, the Federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:

- i. Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 CFR Part 2,
- ii. You are a covered entity or business associate and have received the record for treatment, payment, or health care operations, or
- iii. You have received the record from a covered entity or business associate as permitted by 45 CFR part 164, subparts A and E.