



Active Assailant Interdisciplinary Work Group

How to Use this Document:

This document is a template and should be modified to fit the specific needs of each jurisdiction, as appropriate. Please place the text of this document on your organization's letter head or another appropriate template. Highlighted text appears in brackets throughout the document [Update text] and should be removed and replaced with the appropriate information for your jurisdiction.

Release of Medical Information Authorization

Name: _____ Date of Birth: _____

I hereby authorize the [Insert organization/agency name] to disclose to and obtain from (NAME OF AGENCY/PERSON): _____ the following information:

Records and/or documentation of mental health, medical, substance use, legal, social history, diagnosis, medications, attendance or participation in treatment, results of psychological and educational testing, information pertaining to and participation in treatment program, prognosis and recommendations based on specific needs.

For the purpose of: facilitating treatment recommendations, referrals and coordination of care.

- I understand that the information authorized for release may contain substance use, psychiatric, HIV testing or results, or AIDS information.
- I understand that the information used, disclosed, or obtained under this Authorization Form may be subject to re-disclosure by the person(s) or facility receiving it and would then no longer be protected by federal privacy regulations.
- I have the right to refuse to sign the Authorization Form. **If signed, I have the right to revoke the authorization, in writing, at any time.** I understand that any action already taken in reliance on this authorization cannot be reversed, and my revocations may not affect those actions.
- I understand that once the information is released, the [Insert organization/agency name], cannot prevent the recipient from further disclosing the information.
- I understand that this consent automatically expires in one year from the date it is signed, with the exception of:
 - Criminal justice referrals which shall be valid until 30 days following the final disposition;
or
 - Residents of a nursing home, which shall be valid until revoked, or for any time period specified in the authorization.

PROHIBITION ON REDISCLOSURE:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part2). The Federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by writing a consent to the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rule restricts any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Updated [Insert Date]



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Signature of Consumer _____ Date: _____

Signature of Parent/Guardian: _____ Date: _____

Signature of Witness: _____ Date: _____