



CENTRAL COUNCIL
Tlingit and Haida Indian Tribes of Alaska
Reentry & Recovery Department
P.O. Box 25500 • Juneau, Alaska 99802
Phone: 907.463.7365 • Email: reentry@recovery@ccthita-nsn.gov

Release of Information Form

PARTICIPANT INFORMATION			
First Name	MI	Last Name	Date of Birth
Mailing Address			
Phone Number	Parent/Legal Guardian		
RECIPIENT OR DISCLOSING ENTITY			
I authorize the Reentry & Recovery department's Non-Congregate Sheltering program to disclose my citizen/participant ("participant") records to, or obtain my treatment records from, the following individual(s) or entity(-ies) (be specific):			
USE OF INFORMATION			
The disclosure is for the following purpose (check all that apply or describe further as needed):			
<input type="checkbox"/> Referral for Treatment			
<input type="checkbox"/> Follow-up on Placement			
<input type="checkbox"/> Coordination of Services			
<input type="checkbox"/> Verification of Treatment Compliance or Participation			
<input type="checkbox"/> Other (Be Specific): _____			
FORM OF INFORMATION			
<input type="checkbox"/> I authorize R&R's Non-Congregate Shelters to disclose copies of my records as described in this form.			
<input type="checkbox"/> I authorize R&R's Non-Congregate Shelters to obtain copies of my records as described in this form.			
<input type="checkbox"/> I authorize R&R's Non-Congregate Shelters and its staff to verbally discuss my records or care as described in this form.			

TYPE OF INFORMATION

* Please note that if you are receiving substance use disorder (SUD) services at R&R's Non-Congregate Shelters records covered by this authorization will include records of your SUD treatment unless you specify below that they should be excluded.

I authorize disclosure of the following records (check all that apply and describe further as needed):

- SUD or behavioral health assessment, including diagnosis & treatment recommendations
- Admission summary
- Results of urinalysis and/or alcohol breathalyzer
- Prescriptions or medication needs
- Discharge date and summary
- Psychiatric evaluations or psychological Assessments
- Treatment status or progress
- Confirmation of attendance/compliance
- Treatment plan
- Other (please describe below)

Other: _____

For the following time period: _____

LENGTH OF AUTHORIZATION

Unless revoked, this release expires on the following date or event: _____

This time period must be no longer than reasonably necessary to serve the purpose of the disclosure. If left blank, this authorization will expire one year from the date of the participant's signature.

ACKNOWLEDGMENTS

By signing this authorization form, I understand and agree that:

- Once disclosed, R&R's Non-Congregate Shelters has no control over the confidentiality of the records held by the receiving entity or individual. However, my SUD treatment records are protected under the federal regulations governing the confidentiality of substance use disorder participant records, 42 C.F.R. Part 2. Under this federal law, recipients of my information pursuant to this authorization may not further disclose my substance use disorder records without my consent, unless specifically allowed under 42 C.F.R. Part 2.
- I may revoke this authorization in writing at any time by notifying R&R's Non-Congregate Shelters, except to the extent that R&R's Non-Congregate Shelters has already used or disclosed information in reliance on my authorization. R&R's Non-Congregate Shelters

can be reached by mail at PO Box 25500, Juneau, AK 99802.

- I will not be denied services if I refuse to consent to disclosure, unless disclosure is necessary for R&R's Non-Congregate Shelters to obtain payment for services, such as from an insurer or other third party.
- I acknowledge that:
 - I have received a copy of this form.
 - I declined to receive a copy of this form.

SIGNATURE(S) FOR NO DISCLOSURE OF SUD SERVICE INFORMATION

Signature of Participant	Date
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OR

Signature of Parent or Legal Guardian	Date
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Description of Legal Guardian's Authority

SIGNATURE(S) FOR DISCLOSURES OF SUD SERVICE INFORMATION

Signature of Participant <i>(Including if Participant is a Minor)</i>	Date
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Signature of Participant or Court-Appointed Legal Guardian <i>(Where Required or Authorized to Consent Under 42 C.F.R. § 2.15)</i>	Date
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Printed Name of Parent or Legal Guardian (if applicable)
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Description of Legal Guardian's Authority (if applicable)

**Note: To sign for a participant, the guardian must be legally appointed by a court due to the participant's incompetency. 42 C.F.R. § 2.15(a). Power of attorneys and other types of guardians (like those appointed due to a participant's age) are not authorized to sign on a participant's behalf.*