

RELEASE OF INFORMATION

I _____ **AUTHORIZE THE DISCLOSURE OF RECORDS**
AND INFORMATION ABOUT ME BETWEEN:

Lehmann Consulting, Inc.
Kathrine Lehmann, MA, LADC
1984 Kenwood Parkway
Minneapolis Minnesota 55405
Phone: (612) 306-4778

AND

Name: _____

Address: _____

City/State/Zip: _____

Attention/Phone: _____

Fax: _____

For the following purpose(s):

XX Diagnosis and Treatment ____ Benefits/Insurance ____ Legal ____ Other _____

I authorize the release and/or obtaining of information regarding:

	Verbal	Written
Social background and chemical use history	__X__	_____
Mental health history and treatment(s)	_____	_____
Medical health history and treatment(s)	_____	_____
Chemical health history and treatment(s)	__X__	_____
Reports or updates about my progress	_____	_____
Limited report (to verify participation)		
Treatment dates	_____	_____
Discharge status	_____	_____
Continuing Care	_____	_____
To locate me for follow up	_____	_____
Other: (be specific)		

Release of information is for the purpose of assessing and diagnosing substance abuse and chemical dependency and providing appropriate referrals.

____ **EMERGENCY/CRISIS CONTACT ONLY (no items above should be checked)**

I understand that:

- My health information is protected by federal regulation Alcohol and Drug Abuse Patient Records, 42 CFR Part 2; and/or HIPAA, 45 CFR) and state privacy laws and disclosure is allowed only with my authorization except in limited circumstances. I understand that I have a right to inspect and receive a copy of my treatment records that may be disclosed to others, as provided under applicable state and federal laws.
- I can revoke this authorization at any time except to the extent that action has already been taken in reliance on it. The Privacy notice provided to me describes the procedure for revocation. This authorization will expire in one year from the date I sign it unless I request an early expiration in writing.
- Communications resulting from this authorization will reveal that I received services from Lehmann Consulting.
- Federal confidentiality regulations (42 CFR Part 2) prohibit re-disclosure of information from alcohol and drug abuse patient records. However, HIPAA requires Lehmann Consulting and Kathrine Lehmann to notify me of the potential that information disclosed pursuant to this authorization might be re-disclosed by the recipient and is no longer protected by the HIPAA rules.

Client Signature

Date _____