

SPECIAL AUTHORIZATION FOR RELEASE  
OF ALCOHOL/DRUG ABUSE PATIENT RECORDS

I, \_\_\_\_\_ SS# \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Authorize:**

**Seabrook House**

\_\_\_\_\_  
(Name of person and facility which is to make the disclosure)

**133 Polk Lane P.O. Box 5055 Seabrook, NJ 08302 (856) 455-7575**

\_\_\_\_\_  
(Address and Phone of person/facility which is to make the disclosure)

**To disclose:**

\_\_\_\_\_  
(Type and amount of information to be disclosed)

**To:**

\_\_\_\_\_  
Name of **\*person/organization** to which disclosure is to be made (**\*required**)

\_\_\_\_\_  
(Address to which disclosure is to be made)

\_\_\_\_\_  
(City, State, Zip Code, Phone: [ ] Fax: [ ] )

**For:**

\_\_\_\_\_  
(Purpose of Disclosure)

I understand that the disclosed records may contain information pertaining to psychiatric counseling or testing; alcohol or drug abuse counseling or testing; and/or H.I.V./A.R.C./A.I.D.S. testing or diagnosing; and that by law, I need not consent to the release of this information. However, I choose to do so willingly and voluntarily for the purpose(s) described above. This consent is subject to revocation at any time, except to the extent that action has been taken in reliance on it, and will remain in force for a duration of no longer than one year from date listed below.

Dated this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_\_

**WITNESSES:**

\_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
Patient's Signature

\_\_\_\_\_  
Parent/Legal Guardian's Signature

**NOTICE TO RECIPIENT OF INFORMATION:**

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R Pts. 160 and 164. The Federal rules prohibit you from making any further disclosure of this information unless the written consent of 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 rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.