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CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, _____, ID # _____, do hereby consent and authorize Sunrise Clinical Services as indicated below, to release to/obtain from: **(Name & Number of Person/Title/Organization):**

The following information pertaining to myself:

THE INFORMATION, WHICH MAY BE DISCLOSED (Circle/Check all that maybe released):

- ☐ Presence in Treatment (Admission/Discharge Dates)
- ☐ Medical History & Physical Examinations
- ☐ Psychiatric/Psychological Evaluation
- ☐ Physician Attestation Statement
- ☐ Multi-disciplinary Treatment Team Progress Notes
- ☐ Bio-Psycho-Social
- ☐ Health Records, PPD results, MMR, HVC
- ☐ Toxicology/Dosing history
- ☐ Bloodwork Results
- ☐ Other: _____

THIS INFORMATION IS NEEDED FOR THE FOLLOWING PURPOSES: (Circle/Check all that apply)

- ☐ To provide ongoing treatment/continuing care
- ☐ To coordinate treatment efforts with my family/significant others/concerned persons
- ☐ To coordinate vocational training with vocational training program officials
- ☐ To enable Judge, Attorneys, Probation/Parole Officer, to support treatment goals

The duration of this authorization is until:

- ☐ Six months from the date of consent.
- ☐ One year from the date of this consent.
- ☐ Other: _____

Patient Signature & Date

Witness Signature & Date

FOR PATIENTS WHO CANNOT READ OR WRITE

Record of consent by patient unable to sign. The undersigned witnessed that the patient who consented above understood the nature of the authorization and gave his/her consent freely.

Patient Signature & Date

Witness Signature & Date

REVOCATION OF CONSENT

I understand that I may revoke this consent at anytime by notifying the facility in writing, except to the extent that action has been taken in reliance on my consent.

Patient Signature & Date

Witness Signature & Date

I understand that the receipt of this information may not use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law. I understand that Federal Law protects the confidentiality of health information contained in alcohol/drug abuse related patient records; these regulations (42 CFR, Part 2) Final Rule prohibits the further disclosure of health information without the specific written consent of the patient or as otherwise permitted by such regulations. A general authorization for the release of information ("any and all") is NOT sufficient for this purpose.

