

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize  
(Name of Patient)

Medex Diagnostic and Treatment Center, Therapist: \_\_\_\_\_

To disclose to \_\_\_\_\_  
(Name of Person/Organization to which disclosure is to be made)

Following information: \_\_\_\_\_  
(Nature of amount of information to be disclosed, as limited as possible)

**Following Information:** Name and other personal identifying information, information about status as a patient, initial evaluation, date of admission, assessment results and history, type of substance abuse, frequency of use, and duration of use, summary of treatment plan, progress and discharge and discharge status, discharge plan, etc.

The purpose of the disclosure authorized in this consent is to:

**To communicate with and disclose to on another the following information:**

(Purpose of disclosure, as specific as possible)

I understand that my treatment records are protected under federal regulations governing confidentiality and The Health Insurance Portability and Accountability Act of 1996 ("HIPPA"), 45 C.F.R. Pts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for regulations. I also understand and that in any event this consent expires automatically as follows:

\_\_\_\_\_  
(Specification of this date, event, or condition upon which this consent expires)

I understand that generally **MEDEX** may not condition my treatment on whether I sign a consent form, certain limited circumstances I may be denied treatment if I do not sign a consent form.

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Signature of Parent Guardian (if req.)

\_\_\_\_\_  
Date

**MEDEX DIAGNOSTIC AND TREATMENT CENTER STANDARD  
POLICIES AND PROCEDURES**

**SUBJECT:** ACKNOWLEDGEMENT OF RECEIPT OF NOTICE OF PRIVACY PRACTICES  
Notice of Privacy Practices for Health Screening Visits (NOPP)

**PURPOSE:**  
To ensure that a good faith effort has been made to provide every patient with a NOPP as required by HIPPA regulation

Reviewed:	Start: 10/19/16						
Revised:							

**POLICY:**

1. A Notice of Privacy Practices (NOPP) will be provided to each patient at the initial visit.
2. A good faith effort shall be made to obtain written acknowledgment of receipt of NOPP whenever possible. The individual registering the patient shall document such acknowledgment in the relevant registration system and, as necessary, place the form in the patient's record.
3. The NOPP (in both English and foreign languages as required) shall be:
  - a. Available at the point of service site for individuals to take with them
  - b. Posted in a clear and prominent location where it is reasonable to expect individuals seeking care from MEDEX DTC to be able to read the notice
4. Whenever the NOPP is revised, it will be available upon the request on or after the effective date of the revision
5. In an emergency situation MEDEX DTC does not have to provide the NOPP to patients at the time of the first encounter. Provision of the NOPP and the good faith effort to obtain written acknowledgment may be delayed
6. An individual at each registration area shall be available to answer any questions regarding the NOPP

Patient acknowledgment receipt of NOPP and HIPPA:

\_\_\_\_\_  
Patient Signature

\_\_\_\_\_  
Date