BRIDGES CONSENT FOR RELEASE OF INFORMATION

Phone: 651-458-0936
Fax: 651-458-1696

Client Information	Name ______________________ Previous Name ______________________ Date of Birth ______________________ Daytime Telephone # ______________________ Address ______________________ City ______________________ State __________ Zip __________
Information Release	☒ I authorize Washington County CDA to **RECEIVE information FROM:** ☒ I authorize Washington County CDA to **RELEASE information TO:** Provider/Person/Organization Name: Washington County Adult Mental Health Address: 14949 62nd St. No. City: Stillwater State: MN Zip: 55082 Telephone: 651-430-6484 Fax: 651-430-6605
Purpose of Disclosure	☒ Other – please explain: Coordinate housing and support services. Determine program eligibility.
Information to be Released	☒ Other (please describe): Information necessary to coordinate housing and support services and determine eligibility.
Authorization	This authorization will expire no more than 15 months from the date I sign this form unless otherwise specifically permitted by law. I understand that: • I may revoke this authorization at any time by notifying, in writing, Washington County CDA. • Revoking this authorization does not apply to information that has already been disclosed under this authorization. • I have the right to inspect or obtain a copy of the information disclosed. • Information that goes to other persons/entities may not be protected by state or federal privacy laws and may be re-disclosed. • Washington County CDA cannot prevent the re-disclosure of protected information releases as a result of this request and therefore, Washington County CDA is released from any and all liability resulting from re-disclosure. • If this release involves the disclosure of information concerning a client who is in alcohol or drug abuse treatment, this information has been disclosed from records protected by federal confidentiality rule, 42 CFR, Part 2. The federal rule prohibits you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains 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. ______________________ ______________________ Signature of Bridges Participant Date ______________________ ______________________ Print Name of Representative Relationship to Client