

CHRISTIAN COUNSELING CENTERS OF UTAH
525 E 4500 S, Ste F125, SLC, UT 84107 801-268-1564

Authorization for Release of Information

I, _____, do hereby consent to and authorize _____
_____ or administrative/clerical staff of Christian Counseling Centers of Utah to
disclose to/receive from (specify which): (include name and address, and if available phone and fax number) _____

I understand that the specific information from my client record(s) to be disclosed includes: _____

and that the purpose or need for this disclosure is to: (specify reason for disclosure) _____

Notice to the Receiving Party: *This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see §2.31). The federal rules restrict any use of the information to investigate or prosecute with regards to a crime any patient with a substance use disorder, except as provided at §§2.12 (c) (5) and 2.65.*

I understand that I have the right to revoke this authorization, in writing, at any time using our Revocation of Authorization form at <http://cccutah.org/cccurevocaauthform.pdf>. However, the revocation will not affect any action CCCU has already taken in reliance on this authorization. I understand that CCCU may not condition services upon my signing an authorization unless the services are provided to me for the purpose of creating health information for a third party. If the organization or person authorized to receive this information is not required to comply with the federal privacy regulations, the released information may be re-disclosed and would no longer be protected.

This consent shall begin _____ and end _____.

Client's full name (please print) Client's signature (parent/guardian of minor or legal representative)

Client's Birthdate Relationship to Client

Signature of Witness Date

THIS PORTION TO BE COMPLETED WHEN A CLIENT IS UNABLE TO GIVE WRITTEN CONSENT

We, the undersigned, do verify that the above authorization has been read to the client and that he/she understands the nature of the release and freely gives his/her verbal consent for release of information.

Signature of Responsible Witness/Interpreter (specify which) Date

Signature of Responsible Witness Date