Bismarck Transition Center: Authorization to Disclose Information: BTC will not condition treatment on your agreement to authorized disclosure of your health information. BTC may, however require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a department health plan.

INSTRUCTIONS: Provide information as it existed when the service was provided.

Name of client: (Last, First, Middle Initial)	Date of Birth:	SID # Number:	
Street Address:	City:	State:	Zip Code:

CLIENT RELEASE AND SIGNATURE:

1. **I Hereby Authorize (Name of Person/Agency): __X__ Receive __x__Release Both To/From:**

Bismarck Transition Center (BTC) Phone 701-222-3440 Fax: 701-222-3599

Address: 2001 Lee Ave.	City: Bismarck	State: ND	Zip Code: 58504

2. **To __X__ Release __X__Receive Information Both To/From (Name of Person/Agency):** The ND Department of Human Services (including all Human Service Centers & ND State Hospital, The ND Department of Corrections (Adult Services Division, Tompkins Rehabilitative Correctional Center, Heart of America Correctional and Treatment Center, North Dakota City and County Courts.

Street Address: Various	City: Various	State: ND	Zip Code: Various

3. The Following Information Is __X___Requested ___X__Released (Specifically List Information/Released Requested)

_X__Addiction Evaluation & Diagnosis/Intake Assessment
_X__Addiction Treatment Plan
_X__All Psychological Reports (Evaluation, Diagnoses, Testing, Notes)
_X__All Psychiatric Reports (Evaluation, Diagnoses, Testing, Notes, Medications)
__X_Addiction Treatment Discharge Summary
__X_Addiction Treatment Progress Reports
_X__Collateral
__X_ Medical/Health Information
___Contact with significant other/family members for the purpose of: Family Sessions/Workshops/Treatment Planning/Collateral
___Third Party Information:

4. The Information Identified Above Will Be Used For: (List Each Purpose)

_X__Addiction Evaluation/Assessment _X__Treatment Planning _X__Referrals ___Family Participation in Programming

5. This Authorization to Disclose Information Remains in Effect Until: Expiration of the sentence(s), including any applicable period of parole or probation. This authorization is voluntary and remains in effect until the below date or event, unless specifically revoked by written notice to the agency or person. Refer to the Notice of Privacy Practices for further description of revocation rights. Any information disclosed prior to written revocation of this authorization shall not be a breach of confidentiality. A photocopy of this authorization is as effective as the original. Unless otherwise agreed in writing, information may be disclosed under this authorization in any form or medium, including oral, written, or electronic transmission. **Specific Date OR Specific Event Terminating Operation of the Release:** Expiration of the sentence (s), including any applicable period of parole or probation.

Signature of Client:	Date:
Signature of Parent/Guardian or Custodian (if needed and Relationship):	Date:
Signature of Witness (if needed):	Date:

(X) **CHECK IF APPLICABLE – NOTICE TO WHOMEVER DISCLOSURE IS MADE CONCERNING ADDICTION RECORDS**
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 this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the disclosure 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. PRIVACY STATEMENT: BTC will not condition treatment on your agreement to authorize disclosure of your health information.

NOTICE: Except for information subject to 42 CFR Part 2, information disclosed to another entity may potentially be redisclosed, in which case it may not be protected by state or federal law.

DISTRIBUTION: X To agency/person from whom information is sought X Client
X Requesting Agency □ Other