Oregon Change Clinic
1817 NE 6th Ave, Portland, OR 97212-3960
phone: 503-719-7985
fax: 503-994-5262
Office@OregonChangeClinic.com

Release of Confidential Information

I, ____, DOB: ___/___/______,authorize Oregon Change Clinic staff to disclose and receive the following confidential information:

- ☐ This consent form
- ☐ Diagnoses
- ☐ Dialogue with recipient
- ☐ Service encounters
- ☐ Recommendations
- ☐ Identifying information
- ☐ Discharge date
- ☐ Assessments
- ☐ Treatment status
- ☐ Treatments rendered, status, and summary
- ☐ Admission Dates
- ☐ Discharge information
- ☐ Billing Data
- ☐ Financial Information
- ☐ Other: ____________________ ____________________

I authorize Oregon Change Clinic to disclose and receive this information from the following organization or person (full name, organization, and contact information):

____

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The purpose of this disclosure is:

- ☐ To support treatment
- ☐ To facilitate court/litigation
- ☐ Coordinate care
- ☐ Payment and health care operations
- ☐ Other: ________________________________

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I understand that my permission will end (please select one):

- ☐ On this specific date: ___/___/______
- ☐ One year from the date of my signature
- ☐ Upon my death

By signing this form, I understand:

- I am entitled to a copy of this consent.
- I have the right to revoke this consent at any time. Any revocation will not affect any action that has already been taken based on the original authorization.

Client signature: ____ Date: ______________

(If signed by a person other than the client, print name, provide reason, relationship to the client, and description of authority.)

All disclosures and re-disclosures must be accompanied by the following notice: "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 consent of the person to whom it pertains 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. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."