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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

| Name | | Relationship |
|------------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Date of Birth | | Phone Number |
| Address | | City/State/Zip |
| l, | (Participant's | Name) do hereby authorize |
| Kansas Medi | , , | als' Health Program to release or obtain information |
| | (Program Name | |
| Name of person(s) | s) or organization(s) to who | om disclosure is to be made: |
| Name of individual and Relationship | | Organization |
| Address | | City/State/Zip |
| Phone Number | | Email Address |
| 2. Specific type of in | formation to be disclosed: | |
| 3. The purpose and | need for such disclosure; | as specific as possible: |
| understand that my s Confidentiality and Sul Portability and Account written consent unless | ubstance use disorder red bstance Use Disorder Pa ability Act of 1996 ("HIPAA otherwise provided for by | cords are protected under the Federal regulations governing tient Records, 42 C.F.R. Part 2, and the Health Insurance "), 45 C.F.R. pts 160 & 164, and cannot be disclosed without me the regulations. |
| I understand that I may reliance on it. Unless I | revoke this authorization revoke my consent earlier | at any time except to the extent that action has been taken in this consent will expire automatically as follows: |
| Executed this | day of | , 20 |
| | X _ | |
| (Witness) | | (Signature of participant) |

Prohibition on redisclosure: This information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose. Federal regulations state that any person who violates any provision of this law shall be fined not more than \$500, in the case of a first offense, and not more than \$5,000 in the case of each subsequent offense. Alcohol, Drug Abuse, and Mental Health Programs 42 USC § 290aa, et seq.