COVE
BEHAVIORAL HEALTH

CONSENT FOR THE RELEASE OF CONFIDENTIAL SUBSTANCE USE DISORDER AND MENTAL HEALTH INFORMATION GENERAL RELEASE

I,_____ , Date of Birth ,_____ hereby authorize COVE Behavioral

Health (COVE) to communicate with, disclose to, and obtain
from:_____

The following information (nature and amount of the information as limited as
possible):_____
_____

The purpose of the disclosure is:_____

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. The revocation can be submitted to the program staff or to the Health Information Management Department.
I understand that generally COVE may not condition my treatment on whether I sign this consent form, but that in certain limited circumstances (treatment, payment or health care operations) I may be denied treatment if I do not sign a consent form. I will not be denied services if I refuse to consent to a disclosure for other purposes.
I understand that information used or disclosed pursuant to this consent may be disclosed by the above parties and may no longer be protected by federal or state law. I understand that any disclosure carries with it the potential for re-disclosure by the recipient of this information. I hereby release COVE from liability which may arise as a result of information disclosed under this authorization, should it be presumed that such information is later used to my detriment.

This **consent expires automatically upon my discharge** from COVE unless otherwise noted here:_____

Date:_____ _____
Signature of Patient or Legal Representative

_____
Printed Name of Patient or Legal Representative