Bear River Behavioral Health Services, Inc.

90 E 200 N, Logan, UT 84321 (435-752-0750) ● 663 W 950 S, Brigham City, UT 84302 (435-734-9449) ● 440 W 600 N Tremonton, UT 84337 (435-257-2168)

AUTHORIZATION FOR RELEASE OF RECORDS and/or REQUEST FOR ACCESS

NOTE: **The HIPAA Privacy Rule allows BRBHS up to 30 calendar days after receipt of the request to process an individual's request for records.**

Name: _____ Date of Birth: _____ Client Phone: _____
(person whose information is to be released)

❖ STEP 1

☐ I am requesting **COPIES** of my records.

We may deny this request in anticipation of, or for use in civil, criminal, or administrative proceeding, or if the information was received by someone other than a health care provider under a promise of confidentiality, or if we believe it is reasonably likely to endanger you or someone else.

AND/OR

☐ I am giving **PERMISSION** for another party to receive my information.

I understand that I do not have to disclose my records in order to get treatment, and my records may be re-released by the recipient and no longer protected by the Federal Privacy Rule.

☐ Verbal Disclosure ☐ Send Information To ☐ Request Information From **(check all that apply)**

RECORDS ARE BEING GIVEN TO: ☐ PERSON ☐ AGENCY ☐ SCHOOL ☐ SPECIALTY COURT*

*Agencies subcontracted to provide services for BRBHS, medical or lab providers, and First District Specialty Court committees/First District Court/Cache or Box Elder County Jail/Adult Probation and Parole, Cache County Sherriff's office probation unit, Friends of Specialty Courts, and Specialty Courts Support Staff for the purpose of disclosure to inform criminal justice agencies of attendance and progress.)

Name:_____ Relation:_____

If School: ☐ Administration ☐ School Counselor ☐ Instructor ☐ Behaviorist ☐ Other _____

Address:_____

City:_____ State:_____ Zip: _____

Phone #:_____ Fax #: _____ Email:_____

PURPOSE OF DISCLOSURE (*Required*): ☐ Coordination of Care ☐ Legal ☐ At the request of the individual

☐ Appointments (Schedule/Modify/Cancel) ☐ Benefits Determination ☐ Other (specify): _____

❖ STEP 2 (this section is not applicable to Verbal Disclosure)

HOW YOUR RECORDS WILL BE PREPARED? ☐ **Paper Copy** ☐ **Email** **(sent encrypted by Medical Records staff only)**

☐ **Thumb Drive** **(additional $4)** ☐ **Fax** ☐ **Postal Mail** ☐ **Pick Up**

RECORDS TO BE RELEASED BELOW:

★☐ **FREE PACKAGE:** Assessment, Care Plan, last 3 service notes, and medication logs; otherwise, cost is $.50 per page, with a maximum of $20 for Medicaid enrollees.

OR

☐ **SPECIALTY COURT PACKAGE:** Therapist Summary Letter, Assessment, Care Plan, Urinalysis (UA), and Billing; otherwise, cost is $.50 per page, with a maximum of $20 for Medicaid enrollees.

OR

☐ Urinalysis (UA) ☐ Assessment ☐ Care Plan ☐ Service Notes ☐ Encounters

☐ Therapist Summary Letter ☐ Medical/Medication Notes/Logs ☐ Psychological Testing ☐ Billing

☐ Other (specify) _____

INDICATE DATE(S) OF TREATMENT RELATED TO RECORDS BEING RELEASED: _____

Continue

❖ STEP 3

EXPIRATION DATE: This authorization is valid until client's termination of enrollment in the health plan or until the client/guardian chooses to revoke this authorization in writing to Bear River Behavioral Health Services, Inc. using the Revocation of Authorization form, whichever occurs first, except to the extent that action based on this authorization has already been taken.

_____ _____
Client Signature Date

_____ _____ _____ _____
Personal Representative Signature *(if client is a minor or incapacitated)* Print Name Relationship to Client Date

BRBHS staff accepting this ROI (please PRINT NAME) _____

Parent – *If parent is divorced or Custody Order is in place, parent must have legal custody of the minor and verification provided by a Court Order.*
Legal Guardian - *Guardianship must be verified by a Court Order.*
Foster Parent - *Foster Parent does not have legal custody and is, therefore, NOT a legal guardian.*

Confidentiality of Records for Clients with Substance Use Disorder
A Summary of Federal Regulation 42 CFR Part 2

Federal law and regulations protect the confidentiality of records maintained by BRBHS for clients with substance use disorder.

A program generally may not disclose that a person is receiving SUD treatment or reveal information that would identify someone as having a SUD, unless one of the allowed exemptions applies.

Permitted disclosures:

- Client consent:
  - A client may authorize disclosure in writing by completing and signing the BRBHS Release of Information – Two Way Release.
- Disclosure without client consent is permitted only in limited circumstances, such as:
  - By Court Order;
  - To medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation;
  - The client commits or threatens to commit a crime either in the program or against any person who works for the program;
  - To prevent a serious threat of death or serious bodily harm to a person, if the patient has made a threat and is in a position to carry it out;
  - To report suspected child abuse or neglect, as required by state law.

Violation of this Federal law and regulations is a crime. Suspected violations may be reported to:

- United States Attorney for Utah, 111 South Main Street, Suite 1800, Salt Lake City, Utah 84111-2176, phone (801) 524-5682, or
- Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment, 5600 Fishers Lane, Rockville, MD 20857, phone (240) 276-1660.

NOTE: 42 CFR Part 2 prohibits unauthorized disclosure of these records.

Client Information		
Name:	Date of Birth:	Client #:
Signatures		
☐ I have reviewed and understand the above stated information.		
Client Signature:		Date:
Employee Signature:		Date:

42 U.S.C. § 290dd-2 and the implementing regulations in 42 CFR Part 2.
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