

HEALTH PLAN OF NEVADA

A UnitedHealthcare Company

## Consent for the Release of Confidential Health Information under 42 C.F.R. PART 2 – Confidentiality of Alcohol and Drug Abuse Patient Records

I,	authorize		
(Name of patient)	authorize (Name of provider)		
To disclose:			
To disclose:	tion to be disclosed)		
To:			
(Name of person or organization to whi	ich disclosure is to be made)		
Address	City	Stata	Zin anda
Address	City	State	Zip code
Phone	 Fax		
For:			
For:(Purpose of disclosure)			
Lunderstand that my cleaned and/or dru	a obugo tragtmont regards are pr	otootod ur	der federal regulations
I understand that my alcohol and/or dru 42 C.F.R. Part 2 - Confidentiality of Al			
without my written consent. I may revo			
the revocation will not be effective retro	actively for information disclosur	es that ha	ve already occurred If
not previously revoked, this consent will	I terminate upon:		,
not previously revoked, this consent will	(Specific date, ev	ent or cond	ition)
Patient's Signature:		Date:	
If the patient is a minor, only the min	or can sign this consent.		
Print Name	Date of Birth (MM/DD/YY)	N	ledical Record Number
If the individual is unable to sign du	e to legal incanacity the signa	ture of th	e individual's personal
representative is required. Documen			
attached.			g
Signature of Personal Representative:			
Print:		Date:	
Legal Authority:			
	TO RECIPIENT OF INFORMATI		
This information has been disclose rules (42 C F R Part 2) The Federal			

rules (42 C.F.R. 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 C.F.R. 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.