Volunteers of America
OREGON

Consent for Release of Confidential Information

I, Jeff Simpson (Client name) Date of Birth: 10/19/67

Authorize Volunteers of America Oregon, to release information to and receive information from:

Person or Organization: Sydney Brownstone & The Stranger
Address: 1535 11th Ave 3rd floor Seattle, WA 98122
Phone: 206-323-7101 Fax: _____

By initialing the spaces below, I specifically authorize the release of this confidential information:

- ___ Acknowledge Participation
- ___ Alcohol & Drug Assessment
- ___ Attendance & Participation
- ___ Client Information (Profile)
- ___ Diagnosis List
- ___ Discharge Information
- ___ Drug Test Results
- AC Other (specify) Sexual abuse hx / ED Meds

- ___ Emergency & Urgent Care Records
- ___ Encounter Detail
- ___ Medical Chart Note
- ___ Medication Summary
- ___ Mental Health Assessment
- ___ Prognosis
- ___ Treatment Plan/Review

This information will be used for the following purpose:
A news paper artical

I understand that my treatment records are protected under federal and state regulations (42 CFR Part 2 and ORS 430.399(5) and ORS 179.505) governing Confidentiality of Alcohol and Drug Abuse Patient Records and Mental Health Records, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that authorizing disclosure of confidential information to an entity not covered by federal regulations (i.e. friend/family) may result in additional disclosure. I also 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, and that in any event this consent expires automatically 90 days following discharge from treatment at VOAOR or at the later following date:

_____
(Specification of the date, event, or condition upon which this consent expires)

I understand I have the right not to sign this authorization and choosing not to sign will not affect my ability to obtain treatment, payment or eligibility for health care benefits.

Jeff Simpson 4/16/17
(Client Signature) (Date)

_____
(Signature of guardian or authorized representative when required)

REVOCATION

I revoke my agreement to release or exchange any and all of the information signified on this document.

Jeff Simpson Jeff Simpson 4/16/18
Client Name Signature Date