



Paul H. Earley, M.D. FASAM
Medical Director

Robin F. McCown
Executive Director

4780 Ashford Dunwoody Rd, Ste 540 #393, Atlanta, GA 30338
Office: 678-825-3764 Fax: 855-781-4082

RELEASE AND/OR RECEIVE INFORMATION (ROI) FORM

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(Applicant/Participant First Name) (Middle Name) (Last Name) (Degree)

hereby authorizes Georgia Professional Health Program (Georgia PHP, Inc.) to receive and/or release all information concerning my relationship with the Organization listed below from the commencement of this relationship. It is understood that this consent will terminate three years after discharge from Georgia PHP, Inc.

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(Name of Organization/Individual) (Email) (Phone)

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(Street Address) (City) (State) (Zip) (Fax)

The purpose of this disclosure is to allow Georgia PHP, Inc. to communicate information about my involvement with Georgia PHP, Inc. and/or to receive information about me that will facilitate review, compliance, and monitoring of my progress. **Please initial the line next to a checked box.**

I consent to the release of all information as listed below

I only consent to release the following types of information:

Assessment/Evaluation/Treatment Records

Legal Reporting (i.e., Police Reports)

Any Laboratory Testing Results

Program Compliance/Attendance Records

Medication Logs/Records

Verbal Communication

Other Information (Please Specify):

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I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that Georgia PHP, Inc. is a professional health program, rather than a treatment provider per se, and that Georgia PHP, Inc. provides initial triage, referral, and treatment quality management, and will select providers to perform actual treatment. I further understand that Georgia PHP, Inc. has absolute discretion to deny services if I refuse to authorize Georgia PHP, Inc. to receive and/or release certain information related to my substance use.

I understand that this consent may be revoked in writing, except to the extent that Georgia PHP, Inc. has already taken action in reliance on previous consent. If not previously revoked, it is further understood that this consent will terminate three years after discharge from Georgia PHP, Inc. A photocopy or facsimile remission copy of this authorization shall be as valid as the original.

Georgia PHP, Inc. does not accept modified Georgia PHP, Inc. ROI forms or ROI forms not originating from Georgia PHP, Inc. offices.

DISCLAIMER: Georgia PHP, Inc. is NOT a healthcare provider & will sign a HIPAA Business Associate Agreement if requested to do so.

NOTICE PROHIBITING RE-DISCLOSURE OF SUBSTANCE USE DISORDER INFORMATION

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

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(Signature of GAPHP Applicant/Participant)

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(Today's Date MM/DD/YYYY)