HOWARD COUNTY HEALTH DEPARTMENT

Bureau of Behavioral Health
8930 Stanford Blvd | Columbia, MD 21045
410.313.6202 - Voice/Relay
410.313.6212 - Fax
1.866.313.6300 - Toll Free

Maura J. Rossman, M.D., Health Officer

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize the

Howard County Health Department, Bureau of Behavioral Health:

( ) to disclose to ( ) to obtain from

Name of Organization(s)/Person(s): _____
Name of Agent: _____
Address:
_____
Street/Apt. City/State/Zip Code
Phone #: _____ Fax No: _____ Other: _____

The following information: _____
For the purpose of: _____

I have been informed of the type of information being released; the benefits and disadvantages (if any), and I understand that treatment services are not contingent upon my decision concerning the signing of this release.

I understand that my records are protected as confidential under Federal Law and cannot be disclosed without my written consent unless otherwise permitted in accordance with Federal Law and Regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken on it. If not previously revoked, this consent will terminate in one year unless otherwise stated by specific date, event or condition as noted here:

_____

_____ _____
Signature of Patient *Date*

_____ _____
Signature of Witness *Date*

PROHIBITION ON REDISCLOSURE:

This information has been disclosed to you from the records protected by Federal confidentiality rules (42 CRF 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 who it pertains 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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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