





Tok Area Counseling Center (TACC)

PO Box 398 * Tok, AK 99780 * (907) 883 - 5106

Release of Information from Tok Area Counseling Center

I hereby authorize Tok Area Counseling Center to disclose the following information about me for the purpose of providing me with service coordination.

Information to be disclosed (date, type of services):

The above checked information is to be disclosed to _____ only as necessary in order to administer the service coordination or for audit and evaluation purposes.

Referring Agency Name

I understand that I may revoke this consent at any time in writing, but that revoking it will not cancel what was already done before I revoked it. I understand that I have the right to inspect and copy the information to be disclosed. If not previously revoked, this consent will terminate upon the completion of the service coordination, but in no event shall exceed one year from today.

Signature of Referred Person: _____

Date: _____

Signature of Parent/Guardian: _____

Date: _____

Signature of Witness: _____

Date: _____

NOTICE TO RECEIVING PERSON: The information released hereunder may not be re-disclosed except as set forth herein or as otherwise allowed by law. If the information pertains to substance abuse services, it has been disclosed to you from records protected by Federal Confidentiality Rules HIPPA and (42 CFR Part 2). The federal rules prohibit 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 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 persecute any alcohol or drug abuse patient. Violation of the federal rules is a criminal offense.