



### Authorization to Exchange Confidential and Protected Health Information

This completed form authorizes Eating Recovery Center / Insight to release or obtain protected health information to the patient's clinical record to or from the person designated. To ensure that I am the person to whom this authorization pertains, I am providing my following information: Location last seen: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

**I hereby authorize Eating Recovery Center / Insight to (check all that apply)**  
 Exchange With:                       Release To:                       Obtain from the parties I have indicated below:

Name of Individual/Provider: \_\_\_\_\_ Relationship to Patient \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Address: \_\_\_\_\_

This Authorization allows Eating Recovery Center / Insight to exchange the following information:

Information Requested / Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

- Requires specific authorization (check all that apply):**  
 Drug/Alcohol Abuse (protected by Federal Regulations)  
 STD/HIV/AIDS related records  
 Sexual Assault report or testing  
 Genetic Testing related records  
 Psychological and/or Psychiatric conditions  
 Family and/or Social history

Restrictions (if any): \_\_\_\_\_

▪ The purpose of this form is:  Continuity of Care     Other: \_\_\_\_\_

**This authorization shall remain in effect until \_\_\_\_\_ (Expiration Date) or one year from signing this form, whichever occurs first.**

▪ I understand that my treatment records are protected under the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulation. "Federal Regulation (42 CFR Part 2) prohibits any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person who it pertains, or as otherwise permitted by such regulations. 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."

▪ I understand that I have a right to receive a copy of this authorization and the disclosed mental health information. I also understand that I have the right to revoke or modify this authorization at any time by signing the Revocation Authorization below or submitting a letter of revocation. My revocation or modification will not be effective until the Revocation Authorization and/or letter of revocation is received by Eating Recovery Center / Insight staff.

▪ **Notice to receiving person/organization: Information disclosed to you from records whose confidentiality is protected by federal and/or relevant state laws and regulation is prohibited from redisclosure without appropriate consent of the individual served and/or parent or legal guardian**

▪ **I understand that I will not be refused care by Eating Recovery Center / Insight whether I sign this form or not.**

\_\_\_\_\_  
Signature of Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Nature of Relationship

\_\_\_\_\_  
Received by (Eating Recovery Center / Insight staff)

\_\_\_\_\_  
State where patient is receiving care

**The age at which a minor may solely authorize the release of protected health information is based upon relevant state law(s).**

**Revocation Authorization:** I hereby revoke the above authorization: Patient \_\_\_\_\_ Date \_\_\_\_\_  
Personal Representative \_\_\_\_\_ Date \_\_\_\_\_



## IMPORTANT INFORMATION ABOUT THE AUTHORIZATION TO DISCLOSE PROTECTED HEALTH INFORMATION

Covered entities, as that term is defined by HIPAA, must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosure related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law. (45 C.F.R. 164.502(a)(1); 164.506, and 164.508).

**Definitions** – in the form, the terms “treatment”, “healthcare operations”, “psychotherapy notes”, and “protected health information” are as defined in HIPAA (45 C.F.R. 164.501). “Personal representative” as used in the form includes any person authorized to act on the behalf of another individual (45 C.F.R. 164.502(g)).

**Health Information to be Released** – if “Entire Record” is selected for release, health information includes, but is not limited to, all records and other information regarding health history, treatment, hospitalization, tests, finances, and outpatient care, and also educational records that may contain health information. As indicated on the form, specific authorization is required for the release of information about certain sensitive conditions, including:

- Drug, alcohol, or substance abuse records
- Records or tests relating to HIV/AIDS
- Sexual assault records or reports
- Genetic (inherited) diseases or tests (except as may be prohibited by 45 C.F.R. 164.502)
- Outpatient psychotherapy notes

**Charges** – Some covered entities may charge a retrieval/processing fee for copies of medical records (45 C.F.R. 164.524)

**Minors solely authorizing the release of protection health information** – the age at which a minor may solely authorize the release of protected health information is dependent upon relevant state law(s) in the state where the minor is receiving treatment. **If a minor authorizes care for treatment at Eating Recovery Center / Insight, the personal representative is encouraged to additionally authorize this care.**

**California – A minor 12 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor who is 15 years of age or older may consent to medical treatment IF the minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration for the separate residence AND the minor is managing the minor's own financial affairs (Cal. Fam. Code 6922(a)). A minor may not consent to inpatient mental health care without the authorization of a personal representative (Cal. Probate Code 2356). A minor who is 12 years of age or older may consent to [outpatient] mental health treatment and counseling services and/or medical care and counseling related to the diagnosis and treatment of a drug and alcohol related problem (Health and Safety Code 124260; Cal. Fam. Code 6929(b)).

**Colorado – A minor 15 years of age or older may consent for treatment at Eating Recovery Center / Insight.** Minors may not consent to general medical care without the authorization of a personal representative (Colo. Rev. Stat. 13-22-103(1)). A minor who is 15 years of age or older may consent to receive mental health services (Colo. Rev. Stat. 27-65-103(2)). A minor of any age may consent to treatment for HIV testing and treatment, diagnosis and treatment for STDS, treatment for alcoholism, and/or drug addiction (Colo. Rev. Stat 25-4-1405(6), 25-4-402(4), 6 Colo. Code Regs. 1008-1 (15.225.2), 6 Colo. Code Regs. 1008-1 (15.225.2)).

**Illinois – A minor 12 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor who is 14 years of age or older may consent to medical treatment IF the minor is living separate and apart from the minor's parents or guardian, whether with or without the consent of a parent or guardian and regardless of the duration for the separate residence AND the minor is managing the minor's own financial affairs (410 ILCS 210/1.5). A minor who is 16 years of older may consent to voluntary inpatient mental health treatment (405 ILCS 5/3-502). A minor who is 12 years of age or older may consent to outpatient mental health treatment, treatment for STDS, treatment for substance abuse (405 ILCS 5/3-501; 410 ILCS 210/4; 410 ILCS 210/4). A minor of any age may consent to testing for HIV and/or for medical care or counseling related to the diagnosis or treatment of any injury of offense arising from sexual assault (410 ILCS 305/9; 410 ILCS 210/3(b))

**Ohio – A minor 14 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor is who is 15 years of age or older AND has been deemed a “mature minor” by the physician may consent to general medical care (cite). A minor of any age may consent to diagnosis and treatment for STDS, testing for HIV, the diagnosis and treatment of a condition caused by drug or alcohol abuse (Ohio Rev. Code 3709.214; Ohio Rev. Code 3701.242; Ohio Rev. Code 3719.012). A minor who is 14 years of age or older may consent for outpatient mental health services (Ohio Rev. Code 5122.04). Minors may not consent to inpatient mental health care without the authorization of a personal representative (Ohio Rev. Code 5122.02).

**South Carolina – A minor 16 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor 16 years of age or older may consent to general medical care, testing and treatment for STDS, treatment for alcohol and drug abuse, and/or testing and treatment for HIV (SC Law, Title 44).

**Texas – A minor 16 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor of any age may consent to the examination and treatment related to substance abuse or infectious diseases (Ch. 313 Consent to Medical Treatment Act). A minor who is 16 years of age or older may consent to medical treatment IF the minor is living separate and apart from the minor's parents or guardian AND the minor is managing the minor's own financial affairs (Ch. 313 Consent to Medical Treatment Act).

**Washington – A minor 13 years of age or older may consent for treatment at Eating Recovery Center / Insight.** A minor who meets the “mature minor” doctrine may receive care for general medical treatment (cite). A minor who is 14 years of age or older may consent for testing and treatment for STDS and HIV (RCW 70.24.110). A minor who is 13 years of age or older may consent to outpatient substance abuse treatment, outpatient and/or inpatient mental health treatment (RCW 70.96A.096, 230; RCW 71.34.530; RCW 71.34.500). Minors may not consent to inpatient substance abuse treatment with the authorization of a personal representative (RCW 70.96A.096).