



## AUTHORIZATION FOR RELEASE OF INFORMATION (ROI)

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

Agency authorized to make the disclosure: THE NEW FOUNDATION, 1200, N 77 St, Scottsdale, AZ 85257

Name of Client/Legal Guardian/Agency requesting the Release of Information:

\_\_\_\_\_

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

Please check one of the following:

- This request is to release the information to the above named guardian/agency
- This request is to send the records to: \_\_\_\_\_

Please check applicable records:

- |  |  |
|--|--|
| <input type="checkbox"/> Assessment        | <input type="checkbox"/> Psychiatric Evaluation/Progress Notes |
| <input type="checkbox"/> Treatment Plan(s) | <input type="checkbox"/> Team & clinical progress notes        |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Other: _____                          |

Purpose for Disclosure: \_\_\_\_\_

**The New Foundation does not release information that originated from other agencies**

I understand this authorization will be in effect for ninety (90) days from the date of my signature. I also understand that I may revoke this authorization at anytime by writing The New Foundation. The revocation will be effective except to the extent that action based on this authorization has already been taken. The information used or disclosed by this authorization may be at risk for re-disclosure by the recipient and no longer protected by federal privacy laws.

Signature of Client: \_\_\_\_\_ Date: \_\_\_\_\_

Legal Guardian/Agency Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
(Required if client is a minor, or if this is not a client request)

Relationship to Client: \_\_\_\_\_

Notice: Alcohol and drug abuse patient records are protected by Federal confidentiality regulations (42CFR part 2). The Federal regulations prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 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. If the client is between 12 - 18 years of age, both his/her signature along with parent/guardian is required for this information.