



301 N Main St Suite 306 Pueblo CO 81003

Release of Information

There are Colorado and Federal laws about my rights to privacy. The Morrissey Institute, LLC must protect information about my health and treatments. (CFR 42 Part 2, CRS25.1, HIPAA 45 CFR 160, 164). Information about me cannot be given to other people or agencies without my written permission, except when the law allows it (intent to harm self or others, gravely disabled, abuse/neglect of children and elderly). Substance abuse information and HIV or AIDS information is especially protected. I do not have to sign this document to get treatment at The Morrissey Institute unless treatment is required by a court or another official. Some information about me may be given out without my consent if the law allows it.

1. This permission will expire in one (1) year unless I revoke it in writing. I may take back my permission at any time. I understand The Morrissey Institute cannot take back any information that was given out before I revoked permission.
2. Copies of this form may be used in place of the original. Signatures received by fax will be accepted.
3. The Morrissey Institute cannot promise that people who get this information will keep it private. They may or may not have to follow the privacy laws. If the information is about substance abuse or HIV/AIDS, the people who get it are not permitted to re-release it to anyone subject to Federal laws.

The following information **from**: The Morrissey Institute 301 N Main St Suite 306 Pueblo, CO. 81003

Information can be released **to**: (name) _____ (relationship) _____
(address) _____ (phone/fax) _____

Please Circle: Assessment Progress Notes Case Summary Appointments Medication Medical/Labs
Education Other _____

Purpose: Continuity of Care Client Request Multi-Agency Coordination Obtaining Resources/Benefits
Professional Consultation Guardian's Request Additional Evaluation/Testing Other _____

Emergency Contact Only: (name) _____ (relationship) _____ (address) _____
_____ (phone) _____

By signing below, I am giving permission for specified information to be released to the person/business listed on the release.

Signature Date

Revocation Signature Date