Revocation of Permission to Release Confidential Information

Revised 04 27 15

This document cancels or revokes your written permission to permit or allow Ark Counseling, LLC to release your personal physical/mental health and legal information that is private and confidential. By signing this document, Ark Counseling will no longer be permitted to communicate, either orally or in writing, to the person and/or agency that you specify. I understand that my chemical health records and experience in treatment is protected under federal law (Alcohol and Drug Abuse Patient Records 42 CFR Part 2). This federal law governs the confidentially and control of my chemical health information and records, and prohibits its disclosure and/or release, unless otherwise provided for in the regulations, to anyone without my express written consent. I understand this means I have total legal control over who receives information related to my chemical health records—and these legal rights cannot be infringed I am canceling and revoking my permission to allow Ark Counseling, LLC to disclose information related to my physical/mental health or legal records to the person or entity I identify below. I understand my decision will legally prohibit Ark from disclosing any information about my presence and/or experience in treatment— and will prevent Ark from either confirming or denying whether or not I am or ever have been in treatment. I also understand that my decision will legally prohibit Ark Counseling from either confirming or validating information that has already been released. Should I change my mind about my decision, I understand it will be necessary for me to complete and execute an entirely new Authorization to Release Confidential Information form. I hold Ark Counseling, LLC harmless for any unintended consequences that may occur from my decision. I hereby prohibit Ark Counseling from disclosing any information about me to: Name: Relationship: City, State, Zip: Client Name: _____ Chart Number: DOB:

DISCLOSURE OF THIS MATERIAL IS PROHIBITED BY FEDERAL LAW: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR 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 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 prosecute any alcohol or drug abuse/dependency patient/client.

Date:

Date:

Client Signature:

Team Member Signature: