



White Earth Reservation
Substance Abuse Program

P.O. Box 435
White Earth, MN 56591
218-983-3286 Ext 1297
Fax 218-983-3729

Two-Way Authorization for use or Disclosure of Alcohol/Drug Treatment Information

I, _____ DOB: _____ hereby voluntarily authorize the disclosure of the information from my file.

I, _____, authorize the Assessor to contact the following

Collateral source _____

White Earth Substance Abuse Program _____
P.O. Box 435 _____
White Earth, MN 56591 _____

The purpose or need for this disclosure is for services:

- | | |
|--|---|
| <input type="checkbox"/> Rule 25 assessment | <input type="checkbox"/> Alcohol & Drug Education |
| <input type="checkbox"/> File information | <input type="checkbox"/> Discharge Summary |
| <input type="checkbox"/> Drug test results | <input type="checkbox"/> Follow-Up documents |
| <input type="checkbox"/> Transport of client | <input type="checkbox"/> Drug Court |
| <input type="checkbox"/> Case Management | <input type="checkbox"/> Other treatment services |

I authorize the use and disclosure of my individually identifiable health information as described above, including verbal and written exchanges about the information unless I indicated otherwise. I understand that this authorization is voluntary. I understand that my treatment and payment for my treatment will not be affected if I do not sign this form. This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If this authorization has not been revoked it will terminate 1 year from date of my signature unless a different expiration date is stated.

Signature of Client Date

Signature of personal Representative (relationship to client) Date

The information obtained in this Fax/Email may contain confidential information which is legally protected. The information is intended only for the use of the intended recipients name above. If you are not the intended recipients, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the context of this Fax/Email communication is prohibited. If you have received this Fax/Email in error, please notify us immediately by telephone at 218-983-3286 Ext 1297 and arrange for the return of the original Faxed/Emailed documents to us, or shred immediately upon arrival. Thank you.