



**General Consent – ROI**

**Release To, Receive From, or Exchange With**

*(circle one)*

I, \_\_\_\_\_, authorize Hopedealers Worldwide, Inc. to  
**Release to, Receive from, or Exchange with:**  
**Designee:**

I understand that my mental health/ behavioral health, and/or alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it, and that in any event **this consent expires automatically on:**

**(fill in date or specific event or condition upon which this consent expires).**

Your records, which are the property of Hopedealers Worldwide, Inc., are privileged and confidential. When exchanging information in cases where the client is involved in treatment with other agencies/professionals to assist in coordinating treatment, this authorization may include verbal as well as written communication. Your records will not be released without this Consent except under circumstances that fall into these categories: a valid medical emergency, receipt of a Court Order, receipt of a request which is governed by GEORGIA Statutes, internal communications, no-patient identifying information, research, audit and evaluation, crime at program/against program personnel, and child abuse.

**Description of Information to Be Released & Purpose**

**(Client must select & initial each item to be released and the purpose.**

**The following information:**

- Enrollment as a client
- Assessment Summary
- Discharge Summary
- Lab and Drug Screens
- Alcohol and Drug Abuse Records
- Daily Behavior and Treatment Planning Information
- HIV Records
- Financial Records
- Other – Describe \_\_\_\_\_

**For the purpose of :**

- Information for Physician
- Information for Attorney
- Treatment Planning
- Continuity of Care
- Emergency information
- JPO/PO
- Criminal Justice, including Drug Court
- Emergency

I have given my consent freely, voluntarily, and without coercion. I have been offered a copy of this form.

**Client Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

Signature of person signing form if not client \_\_\_\_\_ **Date:** \_\_\_\_\_

Describe authority to sign on behalf of client: \_\_\_\_\_

**Witness Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Revocation of Consent**

I, \_\_\_\_\_, **Hereby revoke the Release of Information Consent.**

Client Signature: \_\_\_\_\_ **Date/Time:** \_\_\_\_\_

Witness Signature: \_\_\_\_\_ **Date/Time:** \_\_\_\_\_