

# COOK INLET COUNSELING

P.O. BOX 882 KENAI, AK 99611

PHONE (907)283-3658 ♦ FAX (907)283-5046

## CONSENT FOR EMERGENCY CONTACT

Date Completed: \_\_\_\_\_

Client Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Phone/Cell: \_\_\_\_\_ SSN: \_\_\_\_\_ Driver's License/State ID: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Request/Authorize information to be exchanged between:

**COOK INLET COUNSELING** and

### **EMERGENCY CONTACT:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

Phone: Home: \_\_\_\_\_ Cell: \_\_\_\_\_ Work: \_\_\_\_\_

### **For: In the event of an emergency.**

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows:

In one year from the date of signature OR 90 days after discharge (whichever comes first); **OR**

Upon a specific date, event, or condition as listed here: \_\_\_\_\_  
(Specific date, event, or condition)

My signature below signifies my understanding that my substance use disorder records are protected under federal law, including the federal regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

\_\_\_\_\_  
SIGNATURE OF CLIENT                      PRINT NAME                      DATE

\_\_\_\_\_  
SIGNATURE OF PARENT,                      RELATIONSHIP TO CLIENT                      DATE  
GUARDIAN OR REPRESENTATIVE

### **Recipients:**

If the information released pertains to drug and alcohol abuse, the confidentiality of the information is protected by federal law (CFR 42, Part 2) prohibiting you from making any further disclosures of this information without specific written authorization of the person to whom it pertains or as otherwise permitted by CFR 42, Part 2. A general authorization for the release of medical or other information if held by another party is NOT sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse patient.