COOK INLET COUNSELING

P.O. BOX 882 KENAI, AK 99611
KENAI PHONE 283-3658 ♦ HOMER PHONE 235-8001

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, GUARDIAN OR REPRESENTATIVE	RELATIONSHIP TO CLIENT	DATE

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.