

# COOK INLET COUNSELING

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## THIRD PARTY BILLING CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I (client name) \_\_\_\_\_ authorize Cook Inlet Counseling to mutually disclose and re-disclose the following information using verbal, written, electronic, and faxed communication:

*Identification, diagnosis, services received, and other information required for billing and travel arrangements with:*

Medicaid: \_\_\_\_\_ Private Insurance: \_\_\_\_\_

(INITIAL ALL THAT APPLY TO YOU)

Name of Insurance Provider: \_\_\_\_\_

Name of Policy Holder: \_\_\_\_\_ SSN: \_\_\_\_\_

Date of Birth of Policy Holder: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Insured Policy Number: \_\_\_\_\_ Group # \_\_\_\_\_

This release covers both the insurance company and the policy holder.

The purpose of this release is to: Exchange Information Necessary for Billing Purposes

In addition, I hereby authorize: My benefits to be paid directly to CIC

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

When all fees have been collected and or the account is closed

(specification of the date, event, or condition upon which this consent expires)

I understand that generally CIC may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Signature of Parent or Legal Guardian

## PROHIBITION TO REDISCLOSE CONFIDENTIAL INFORMATION

This information disclosed to you concerns a client in alcohol/drug treatment and is made to you with the consent of such client. 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 patient.