

RETRACTION OF RELEASE OF INFORMATION

- I am retracting further use of this authorization for release of information effective as of this date.
- This revocation is subject to any disclosure prior to receiving the revocation.
- I understand that revocation may be the basis for denial of health or other insurance coverage benefits.

Client Signature: _____ Date: _____

Verbal Retraction: _____ Date: _____
TOA Staff receiving verbal retraction / Credentials / Program

ADVISORIES

- ✓ You may refuse to sign the authorization, or to disclose some or all of your financial, tenant, and/or health care information, however, your refusal may result in improper service, diagnosis or treatment; denial of coverage or a claim for health benefits, denial of assistance, insurance coverage or benefits; or other adverse consequences.
- ✓ You may revoke this authorization at any time by a written or verbal revocation to staff of this organization. However, this revocation is subject to the right of any person who acted in reliance on the authorization prior to receiving notice of revocation.
- ✓ You are entitled to a copy of this authorization form.

FOR PERSONS / ORGANIZATIONS RECEIVING SUBSTANCE ABUSE INFORMATION

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.

(52 FR 21809, June 9, 1987; 52 FR 41997, November 2, 1987)

FOR PERSONS / ORGANIZATIONS RECEIVING MENTAL HEALTH INFORMATION

This information has been disclosed to you from records protected by HIPAA and Maine confidentiality laws (34-B M.R.S.A. Section 1207); *Maine Rights of Recipients of Mental Health Services* – 34-B M.R.S.A. Sections 3003, 1500(4 & 7) and may include information protected by federal confidentiality rules identified above (Confidentiality of Alcohol & Drug Abuse Client Records). This information remains confidential and should not be disclosed any further, except as expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by law.

To Contact:
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