Compass North

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AUTHORIZATION FOR THE EXCHANGE OF INFORMATION

Clients Name: _____ Date of Birth: _____

I give Compass North permission to: ☐ Give information to ☐ Receive information from

_____
Outside Agency and/or Individual's Name Relationship

_____
Address, City, State, Zip Code

_____ _____
Phone Number Fax Number or Email

Approximate Dates of Requested Information: ANY
Information is being used for the purpose of: COORDINATION OF CARE

Types of information to be disclosed by mail, telephone, email, or facsimile are as follows:

- ☐ Diagnostic Assessment
- ☐ Treatment Plan
- ☐ Functional Assessment
- ☐ Progress Notes
- ☐ Other (Specify): _____
- ☐ Discharge Summary
- ☐ Billing & Financial information
- ☐ Appointments/Attendance
- ☐ Verbal Consultation

The following information requires special consent by law. You must specially request the following information for it to be released.

- ☐ SUD Comprehensive Assessment & Assessment Summary
- ☐ SUD Discharge Summary
- ☐ SUD Weekly Summary Notes
- ☐ Other (Specify): _____

I understand that I have a right to revoke my authorization at any time. I understand that if I revoke this authorization, I must do so in writing and present my written revocation to Compass North. I understand that the revocation will not apply to information that has already been released in response to this authorization. I understand that the revocation will not apply to my insurance company when the law provides my insurer with the right to contest a claim under my policy. I understand that once the above information is disclosed, it may be redisclosed by the recipient and the information may not be protected by protected by federal laws and regulations.

I understand authorizing the use or disclosure of the information identified above is voluntary. I need not sign this form to ensure mental health treatment.

This authorization expires on _____
If I fail to specify an expiration date or event, this authorization expires one year from the date on which it was signed.

_____ _____
Client Signature Date

_____ _____
OR Parent/Guardian Signature Date