Authorization for Release of Confidential Information

Navita Health DBA Kyros Recovery | 6479 Reflections Dr, Suite 230-2, Dublin, Ohio 43017
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Client Information

Client Name: _____ DOB: _____ Phone: _____

1. **I hereby authorize Navita Health to:**

☐ Release Information to
☐ Obtain Information from
☐ Exchange Information with

Name of Person/Organization: _____

Address _____

Phone/Fax: _____ Email: _____

2. **Information to be Released (Check all that apply):**

☐ Any and All
☐ Substance Use Disorder Treatment Records
☐ Mental Health Treatment Records
☐ Diagnosis
☐ Treatment Plans & Progress Notes
☐ Medications/Prescriptions
☐ Attendance/Compliance
☐ Billing/Insurance Records
☐ Other: _____

3. **Purpose of Disclosure:**

☐ Continuity of Care
☐ Billing/Insurance
☐ Legal
☐ Coordination with Family/Support
☐ Other: _____

4. **Release Method:**

☐ Paper
☐ Fax
☐ Verbal
☐ Email

5. **Expiration Date of Authorization:**

- Specific Date or Event: _____
- If not otherwise specified, this release expires 12 months from the date of signing

6. **Redisclosure Prohibition Notice:**
The confidentiality of substance use disorder patient records is protected by federal law (42 CFR Part 2), HIPAA (45 CFR §164), and Ohio Revised Code §§ 3793.13 and 5122.31.
Redisclosure without written consent is prohibited unless permitted by law.
A general authorization for the release of medical or other information is not sufficient for this purpose.

7. **Rights to Revoke:**
I understand that I may revoke this authorization at any time in writing to Navita Health, except to the extent that action has already been taken in reliance on this authorization.

8. **Client Rights:**

- I do not have to sign this form to receive treatment.
- I am entitled to a copy of this authorization.
- Information released to non-covered entities may not be protected by HIPAA.

9. **Signature:**

Client Signature: _____ Date of Signing: _____
Parent/Guardian/Legal Rep (if applicable): _____
Relationship _____ Date of Signing: _____
Witness Signature (if applicable): _____ Date of Signing: _____