Life Changes, Inc.
P.O. Box 3137, Sparks, NV 89432
775.685.8145, LifeChangesInc@yahoo.com

LIFE CHANGES INC
Confidential Release of Information (ROI) Form
Compliant with 42 CFR Part 2 and HIPAA
Effective Date:

Client Information
Full Name: _____
Date of Birth: _____
Client ID (if applicable): _____

Authorization to Release/Exchange Information With:
Name/Organization: _____
Address: _____
Phone: _____
Fax: _____

Purpose of Disclosure: ***(Check all that apply)***
☐ **Coordination of Care**
☐ **Legal Involvement**
☐ **Employment**
☐ **Insurance**
☐ **Personal Request**
☐ **Other (specify): _____**

Information to be Disclosed: ***(Check all that apply)***
☐ **Assessment/Evaluation Results**
☐ **Diagnosis**
☐ **Treatment Plan**
☐ **Attendance/Compliance**
☐ **Drug/Alcohol Test Results**
☐ **Progress Notes**
☐ **Discharge Summary**
☐ **Entire Record**
☐ **Other: _____**

Mode of Communication:
☐ **Verbal**
☐ **Written**
☐ **Fax**
☐ **Email (Encrypted)**
☐ **Other: _____**

Expiration of Authorization:
This release will expire:
☐ **90 days from the date of signature**
☐ **Upon discharge**
☐ **Other: _____**

Client Rights & Acknowledgement
I understand that my records are protected under federal regulations 42 CFR Part 2 and HIPAA and cannot be disclosed without my written consent unless otherwise permitted by law.
I understand that I may revoke this authorization at any time in writing, except to the extent that action has already been taken based on it.
I understand that Life Changes Inc will not condition treatment on my signing this authorization unless treatment is provided specifically to create health information for a third party.
I understand that once disclosed, information may be re-disclosed and no longer protected by HIPAA, but that 42 CFR Part 2 prohibits re-disclosure without my further written consent.

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Privacy Notice – Combined (HIPAA & 42 CFR Part 2)
This notice describes how medical and substance use disorder information may be used and disclosed, and how you can get access to this information. Please review it carefully.
Legal References:
42 CFR Part 2 – Confidentiality of Substance Use Disorder Patient Records
HIPAA – Health Insurance Portability and Accountability Act (45 CFR Parts 160 and 164)

Permitted Disclosures Without Consent Under Part 2:
Internal Communications (within Life Changes Inc for treatment and operations)
Medical Emergencies
Court Orders
Qualified Service Organization Agreements (QSOA) / Business Associate Agreements (BAA)
Research, Audit, and Evaluation Activities
Suspected Child Abuse or Neglect (in accordance with state law)
Crimes on Program Premises or Against Program Personnel
Reporting of Vital Statistics of Deceased Patients
***Example:* In the case of a medical emergency, Life Changes Inc may disclose necessary information to medical personnel without prior consent to ensure timely and appropriate care.**

Your Rights Under HIPAA Include the Right To:
Request restrictions on certain uses/disclosures (e.g., if you've paid out of pocket in full, you can request that related info not be disclosed to your insurer)
Receive confidential communications of PHI (Protected Health Information)
Inspect and copy your information
Amend your information if inaccurate
Obtain a paper copy of this notice upon request
Be notified if your unsecured PHI is breached
File a complaint without fear of retaliation if your privacy rights are violated

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Obligations of Life Changes Inc:
Maintain the privacy of your information
Provide individuals with notice of legal duties and privacy practices
Abide by the terms of this notice
Notify you of breaches of unsecured PHI
Reserve the right to change this notice and apply changes to all PHI, past and present. You will be provided with a revised notice as required.

Your Consent Is Required For the Following:
Most uses and disclosures of psychotherapy notes
Marketing purposes
Fundraising communications (with right to opt out)

Contact Information & Complaints:
If you believe your privacy rights have been violated, you may file a complaint with:
Life Changes Inc Privacy Officer: Sandy Finelli 775-544-1660
U.S. Department of Health and Human Services (HHS)
Life Changes Inc will not retaliate against you for filing a complaint.

Acknowledgement of Receipt:
HIPAA requires a good faith effort to obtain your written acknowledgement of receipt of this privacy notice. SAPTA Certification NAC 458 requires that patients sign for receipt of both HIPAA and Part 2 protections.

Rights to Access Records:
Under Part 2, Life Changes Inc *may* allow you to access your records but is not required to.
Under HIPAA, you have the right to access your records upon request, with certain exceptions (45 CFR §164.524).

Signatures
Client Signature: _____ Date: _____
Parent/Guardian (if minor): _____ Date: _____
Witness Signature: _____ Date: _____