



Authorization for Assignment of Benefits

Client's Name: _____ Date of Birth: _____

The undersigned hereby authorizes and requests **Heartland Regional Alcohol/Drug Assessment Center, P.O. Box 1063, Shawnee, KS, Phone: 913-789-0951, Fax: 913-789-0954.**

Release to _____ Obtain from _____
 _____ The Designee of Value Options of Kansas

_____ The Designee of : _____
 (Other Third Party Payer)

The following information:

- | | |
|---|--|
| <input checked="" type="checkbox"/> Assessment Results | <input type="checkbox"/> Transitional Plan |
| <input checked="" type="checkbox"/> Kansas Client Placement Criteria Results | <input type="checkbox"/> Discharge Information & Summary |
| <input type="checkbox"/> Consultations | <input type="checkbox"/> Laboratory Reports |
| <input checked="" type="checkbox"/> Progress Notes | <input checked="" type="checkbox"/> Complete Records |
| <input checked="" type="checkbox"/> Permission to file Appeal &/or Grievance if services are denied | <input type="checkbox"/> Other: _____ |

The above information is released for the purpose of processing payment of medical services thru insurance carriers, prepaid medical plans, or governmental agencies. I understand that my records (including psychiatric, alcohol abuse or drug abuse information) may be protected by Federal Regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires one year after the date entered below (date of signature).

Executed this (day) _____ of (month) _____, (year) 20_____

Client Signature _____ Date _____

Signature of Parent, Guardian or Authorized Representative _____ Date _____ Nature of Relationship _____

Signature of Witness _____ Date _____

Prohibition on re-disclosure: 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 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 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