

KPEP
CLIENT INFORMATION RELEASE AUTHORIZATION

I, _____, DOB: _____, hereby authorize the:

- _____ Michigan Department of Corrections _____
- _____ Circuit Court/Circuit Court Probation _____
- _____ District Court/District Court Probation _____
- _____ Federal Bureau of Prisons _____
- _____ U.S. Probation _____
- Other (Describe): RECORDS DEPOSITION SERVICE, INC.
P.O. BOX 5054, SOUTHFIELD, MI 48086-5054 P: 248-357-3330 F: 248-357-3337

to release information to as well as to obtain information from: KPEP/Substance Abuse Services.
The information shall include:

- Treatment Summary and Referral Form
- Substance Abuse Assessment
- Mental Health Assessment
- Treatment Plans
- Monthly Progress Reports
- Discharge Summary
- Sign In/Out Sheets
- Any other treatment documentation or information that can be used to facilitate substance abuse treatment
- Other (Describe): PLEASE SEE THE ATTACHED SUBPOENA OR LETTER REQUEST FOR INFORMATION TO BE DISCLOSED

The purpose of this disclosure to is inform the person(s) listed above of my attendance, progress and continuation of substance abuse or mental health treatment.

I understand this authorization is voluntary and that I may refuse to sign this authorization.

I understand that my alcohol and/or drug treatment records may be protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R., Parts 160 and 164. 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.

I understand that this authorization will expire within one year of the date of this release. I also understand that I may revoke this authorization at any time by sending a written request to: KPEP, Ann Webb, Director of Substance Abuse Services, 519 S. Park Street, Kalamazoo, MI 49007.

I have read the above or I have had it read to me and I authorize the disclosure of Protected health Information as stated.

Date: _____

Client Signature

Witness Signature