



Stepping Stones Behavioral Health Services, Inc

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Missoula, MT 59806

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Competence

Integrity

Compassion

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION: CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, Social Security # _____,
AO # _____, Date of Birth _____, hereby consent to communication between
Stepping Stones Behavioral Health Services, Inc PO Box 3976, Missoula, MT 59806
Phone: 406.926.1453 Fax: 406.926.1454
(Treatment Program)

and _____
(Court, Probation, Parole, or another referring Agency)

For the following information: _____
(Nature of the information, as limited as possible)

The purpose of and need for the disclosure is to inform the criminal justice agency listed above of my attendance and progress in treatment. The extent of the information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis and any recommendation for further treatment.

I understand that this consent will remain in effect and cannot be revoked by me until:

There has been a formal and effective termination or revocation of my release from confinement, probation or parole, or other proceeding under which I was mandated into treatment, or

(Other time when consent expires and/or can be revoked)

I understand that my alcohol and/or treatment records are 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. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

Patient Signature

Date

Witness Signature

Date

Parent or Guardian Signature (if Client is a minor)

Date

Confidential

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records that are 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. Pts. 160 & 164. Federal Regulations (42 CFR Part 2) prohibit you from making any further disclosure of this information except with the specific written consent of the person to whom it pertains. A general authorization for the release of medical or other information if held by another party is not sufficient for this purpose.