



Stepping Stones Behavioral Health Services, Inc

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Competence

Integrity

Compassion

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, Social Security #: _____

Date of Birth: _____, authorize Stepping Stones Behavioral Health Services, Inc to exchange information with

(name of person or agency, including address, and phone number)

for the purpose of facilitating my assessment and treatment. Other reasons (as applicable) for this authorization are:

I understand the following information will be exchanged as I have indicated.

Client Initials	Information to be Exchanged
	Presence in Treatment
	Biopsychosocial Assessment
	Master Problem List / Treatment Plan
	Discharge / Transfer Summary
	Continuing Care Plan / Recommendations
	Abstinence Status, Progress Report, Compliance with Plan, Attendance
	Other (Specify)

I understand that I may revoke this authorization at any time to the extent that action has been taken in reliance thereon and that upon fulfillment of the above stated purpose(s), this authorization will expire. In any case, this authorization will automatically expire 365 days following discharge. If I sign this release following discharge, it will automatically expire 180 days from the date signed.

Patient Signature

Date

Parent/Guardian Signature

Date

Witness Signature

Date

Confidential

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected by Federal Laws. 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 written consent unless otherwise provided for in the regulations. Federal Regulations (42 CFR Part 2) prohibit 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.