



Authorization to Release/Request Confidential Information

Client Name: _____ Date of Birth: _____

I request protected health information (PHI) for the above named client from Behavioral Health to be:

[] Released and/or [] Requested

Send Information to/from:

Name: _____
Agency (if applicable): _____
Address: _____
Phone: _____ Fax: _____
email address is only required if this is the means of disclosure
Email address: _____

This information is requested for the purpose of:

- [] Further Medical Care [] Insurance Eligibility/Benefits [] Legal Action/Proceedings
[] Personal/Request of Service Recipient [] Treatment Coordination/Progress
[] Other (Please Specify) _____
[] *Substance Use _____
*(Chemical Use Program Only) *Signature of minor (minors must sign for release of substance abuse records)

NOTICE TO RECIPIENTS: You are prohibited from disclosing the information to any other party and are required to destroy the information after the stated need has been fulfilled. This information has been disclosed to you from records, which may be 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 the 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 or other 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.

Information to be released: [] MDT/IEP [] Psychological Evaluation/Testing [] Treatment Summaries
[] Other _____

Release Format: [] Paper [] Electronic

Release Method: (check all that apply): [] Email [] Mail [] Fax [] Pick up [] Verbal [] Other: _____

By signing this authorization form, I understand that:

- I have the right to revoke this authorization at any time. Revocation must be made in writing to Boys Town Records, at the address listed below. Revocation will not apply to information that has already been disclosed in response to this authorization.
Unless revoked, this authorization will expire in one (1) year from the date signed or on the following date/event whichever occurs sooner. Date _____ or Event _____
Treatment, payment, enrollment, or eligibility for benefits may not be conditioned on whether I sign this authorization.
Any disclosure of information has the potential for re-disclosure, and may not be protected by federal confidentiality rules.
Requests for copies of records may be subject to fees in accordance with applicable law.
If I request release by unencrypted email or another unsecure method, I have been warned of and accept the security risks to the information associated with the unsecure transmission, and Boys Town is not responsible for breach notification or liable for disclosures that occur in transit.

Print Client Name (If a minor, person authorized to sign for Client) Signature of Client (if a minor, person authorized to sign for Client) Relationship to Client Date

Boys Town Records: 2313 N. Webb Road
Grand Island, NE 68803

Phone Number: 308-381-8851
Fax Number: 308-381-8853

Risk of using email

Transmitting client information by email has a number of risks that the client or legal guardian (email recipient) should consider before using email. These include, but are not limited to, the following risks:

- Email can be circulated, forwarded, and stored in numerous pages and electronic files.
- Email can be immediately broadcast worldwide and be received by many intended and unintended recipients.
- Email senders can easily misaddress an email.
- Email is easier to falsify than handwritten or signed documents.
- Backup copies of email may exist even after the sender of the recipients has deleted his or her copy.
- Employers and on-line services have a right to archive and inspect emails transmitted through their systems.
- Email can be intercepted, altered, forwarded, or used without authorization or detection.
- Email can be used to introduce viruses into computer systems.
- Email can be used as evidence in court.
- Email on shared email accounts can be viewed by more than the intended recipient.

Conditions for the use of email

Boys Town Behavioral Health will use reasonable means to protect the security and confidentiality of email information sent and received. However, because of the risks outlined above, Boys Town Behavioral Health cannot guarantee the security and confidentiality of email communication, and will not be liable for improper disclosure of confidential information that is not caused by Boys Town Behavioral Health's intentional misconduct. Thus, email recipients must consent to the use of email for treatment information. Consent to the use of email includes agreement with the following conditions:

- All emails to or from the email recipients concerning diagnosis or treatment will be printed out and made part of the client's records, and other individuals authorized to access the client records, such as staff and billing personnel, will have access to those emails.
- Boys Town Behavioral Health may forward emails internally to its staff and agents as necessary for diagnosis, treatment, reimbursement, and other handling and/or as otherwise permitted by contract or applicable law. Boys Town Behavioral Health will not, however, forward emails to independent third parties without the client's/legal guardian's prior written consent, except as authorized or required by law.
- Although Boys Town Behavioral Health will endeavor to read and respond promptly to an email from an email recipient, Boys Town Behavioral Health cannot guarantee that any particular email will be read and responded to within any particular period of time. Thus, an email recipient shall not use email for medical emergencies or other time-sensitive matters.
- If an email recipient's email requires or invites a response from Boys Town Behavioral Health, and the email recipient has not received a response within a reasonable time period, it is the email recipient's responsibility to follow up to determine whether the intended recipient received the email and when the recipient will respond.
- The email recipient is responsible for informing Boys Town Behavioral Health of any types of information he/she does not want to be sent by email.
- The email recipient is responsible for protecting his/her own password or other means of access to email. Boys Town Behavioral Health is not liable for breaches of confidentiality caused by the client, his/her parent(s) or legal guardian(s), or any third party.
- It is the email recipient's responsibility to follow up and/or schedule an appointment if warranted.

Guidelines for email communication

To communicate by email, the email recipient shall:

- Inform Boys Town Behavioral Health of changes to his/her email address.
- Put the client's name and date of birth in the body of the email, not in the subject line.
- Withdraw consent only by written communication to Boys Town Behavioral Health.
- Include the category of the communication in the email's subject line, for routing purposes (e.g., billing question).
- Review the email to make sure it is clear and that only relevant information is provided before sending to Boys Town Behavioral Health.
- Limit disclosure of treatment and sensitive information regarding client in the email.



Behavioral Health Clinic

- Take precautions to preserve the confidentiality of emails, such as using screen savers and safeguarding his/her computer password.



Behavioral Health Clinic
Consent for Adult other than Legal Guardian Involvement in Treatment

I hereby authorize the Center for Behavioral Health staff to discuss medical information and treatment of the identified client with the individual(s) designated below.

Client Name: _____

Adult Name: _____

Phone: _____

Adult Name: _____

Phone: _____

At any time, I may revoke this consent in writing. I understand that the revocation will not be effective retroactively for information exchanges that have already occurred. Unless otherwise noted, this consent expires 6 months from the date of my signature below.

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Father Flanagan's Boys' Home, its employees, and its officers are hereby released from any legal liability for disclosure of the above information to the extent indicated and authorized herein.

Print Client Name <small>(If a minor, person authorized to sign for Client)</small>	Signature of Client <small>(If a minor, person authorized to sign for Client)</small>	Relationship to Client	Date
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