Janus of Santa Cruz
The Leader In Addiction Treatment

Consent for the Disclosure of Confidential Health Information

This disclosure may be verbal, written or electronic.

Submit the completed form by fax (831) 462-4970 or email a scanned copy to compliance@janussc.org.

Patient/Client Name: ____________________
Date of Birth: ____________________
Client Medical Record # (if known): ____________________

I, ___________________________________, authorize Janus of Santa Cruz to disclose to:

Name: ____________________
Relationship to client or Role/Organization: ____________________
Street address: ____________________
City, State: ____________________
Zip Code: ____________________
Phone number: ____________________ FAX number: ____________________
Email: ____________________

the following information:

☐ Verification of Treatment for date ranges below	☐ Clinical Progress Notes Summary	☐ Drug Testing Results
☐ History & Physical	☐ Treatment Plan	☐ Medical Progress Notes
☐ TB Results	☐ Discharge Summary	☐ Physician Orders
☐ Assessments	☐ Aftercare Plan	☐ Prior Requests for Releases of Information
☐ Diagnosis	☐ Prescriptions	

The date range of records requested is from _______________________ to _____________________.

The purpose of the disclosure authorized herein is to: ____

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How do you want your health information to be shared?

____Copy of records: (A) Format: ____Paper; ____Electronic

(B) Delivery: ____ USPS; _____FAX; ____ Secure Email; ____ Courier Service or other pick up

____Verbal

Janus may charge fees to cover cost of copying and delivering records. Contact the Janus Compliance Department for further details: 831.462.1060, or compliance@janussc.org.

Please indicate which department(s) the Patient/Client received services.

____Janus Residential 200 7th Avenue Suite 150. Santa Cruz, Ca. 95062 (831)462-1060

____Janus Withdrawal Management 200 7th Avenue Suite 150. Santa Cruz, Ca. 95062 (831)462-1060

____Janus Perinatal- Santa Cruz, Ca. (831)423-9015

____Janus Community Clinic North 1000A Emeline Avenue. Santa Cruz, Ca. 95060 (831) 425-0112

____Janus Community Clinic South 284 Pennsylvania Avenue. Watsonville, Ca. 95076 (831) 319-4200

____Lighthouse Counseling- 200 7th Avenue Suite 150. Santa Cruz, Ca. 95062 (831)462-1060

____DUI 200 7th Avenue Suite 150. Santa Cruz, Ca. 95062 (831)462-1060

____Sobering Center 265 Water Street. Santa Cruz, Ca. 95060 (831) 425-1633

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MY RIGHTS: I may refuse to sign this Authorization. My refusal will not affect my ability to obtain treatment or eligibility for benefits. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand if I authorize disclosure of my protected health information to someone who is not covered by confidentiality laws, for example, a family member, it is possible that my information may be re-disclosed by that person to someone else.

I may revoke this authorization at any time. The revocation must be in writing for mental health services and may be in writing or verbal for substance use disorder services. The revocation will take effect upon receipt of my request, except to the extent that others have acted in reliance upon this Authorization. I have a right to receive a copy of this authorization. This authorization will expire automatically one year from the date of my signature below.

Specification of the date, event or condition upon which this consent expires: ________________

_____________________________ ____

Date Patient/Client Signature

_____________________________ ____

Date Legally Authorized Representative/Relationship to Patient

_____________________________ ____

Date Staff Signature