LIFESTANCE HEALTH, INC
AUTHORIZATION TO RELEASE CONFIDENTIAL AND PROTECTED HEALTH INFORMATION

Client Name: _____ Client DOB: _____

In accordance with federal rules, 42 CFR part 2 (Confidentiality of Substance Use Disorder Patient Records) and 45 CFR part 164 (Health Insurance Portability and Accountability Act of 1996), I authorize LifeStance Health, Inc., to [checkbox] **"disclose to"** and/or [checkbox] **"receive from"** the information about me as indicated below. I understand information about any of the following may be included in the release: behavioral health, sexuality and reproductive health, HIV/AIDS, sickle cell anemia, communicable diseases, drug and alcohol use, and treatment for a substance use disorder.

Name of Individual(s) or entity(ies) to

☐ **"disclose to"**	and/or	☐ **"receive from"**
Name: _____		**Name:** _____
Address: _____		**Address:** _____
City/State/Zip: _____		**City/State/Zip:** _____
Phone Number: _____		**Phone Number:** _____
Fax Number: _____		**Fax Number:** _____

Type of Records Authorized to be Released:

☐ All information maintained in my record
☐ Only the types of information/records checked below (check all that apply):

☐ Attendance
☐ Billing Records
☐ Clinical Assessment(s)
☐ Demographics
☐ Diagnosis List
☐ Discharge Summary
☐ DMV/DOL Information
☐ Laboratory Results
☐ Medication History/Orders
☐ Parole/Probation Info
☐ Physician/Therapist Summaries
☐ Progress Notes/Summaries
☐ Psychiatric Evaluations
☐ Psychological Testing
☐ Service/Treatment Plans
☐ Status Report(s)

☐ SUD Evaluation and Recommendations
☐ Other: _____

Time Period (check only one):

☐ All admissions
☐ Most recent admissions ☐ Dates: _____ to _____

Purpose for the disclosure:

☐ Coordination of Care
☐ Payment or Billing
☐ Probation or Legal Coordination
☐ Other: _____

Redisclosure:
I understand that information disclosed based on this Authorization, except for information about a substance use disorder, may be re-disclosed by the recipient and no longer be protected by the Health Insurance Portability and Accountability Act of 1996 (HIPAA) (45 CFR part 164). Records about a substance use disorder will continue to be protected under federal rules following disclosure and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for in the relevant rules (42 CFR part 2).

Prohibition on Conditioning of Authorizations:
I understand that I cannot be required to sign this Authorization as a condition of treatment, payment, enrollment, or eligibility for benefits. LifeStance Health, Inc., may not refuse to treat me if I refuse to sign this Authorization, unless this Authorization is necessary for my participation in a research study or the purpose of the treatment is to provide information to the individual/entity identified in this Authorization.

Expiration and Right to Revoke (Cancel):
I understand that I may revoke this Authorization at any time, except to the extent that information has already been disclosed or obtained in reliance on it. The revocation must be in writing. If not revoked, this Authorization will expire 90 days after completion of course of treatment and/or payment in full for service unless an earlier date is specified here: [textbox]

Authorization:
My signature below means I understand and accept the terms of this Authorization. A copy of this Authorization (including a fax) is as valid as the original. I have the right to receive a copy of the signed Authorization.

Date: _____

Signature of Individual or Authorized Representative: _____

Name of Authorized Representative: _____

Relationship of Authorized Representative's to Patient: _____

NOTICE TO RECIPIENTS:
if the information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2), the federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.