



The First 5 years.
Make them count.

DRUG AND ALCOHOL TREATMENT RECORDS

I _____ understand that drug and alcohol treatment records are confidential and treatment providers are prohibited by both 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) from disclosing these records without a client's specific authorization or as otherwise required by law as set forth in the treatment provider's Notice of Privacy Practices. With this understanding, I hereby authorize the release of the drug and alcohol records listed below, and the release of the information contained on this authorization to FIRST 5 Santa Clara County.

Print Name

Relationship to Child

Signature

Date

Drug and Alcohol Treatment Providers (name/address/telephone number):

____ 1. Santa Clara County Department of Alcohol and Drug Services
Specific Records Requested:
Dates of Records Requested:

____ 2. _____
Specific Records Requested:
Dates of Records Requested:

____ 3. _____
Specific Records Requested:
Dates of Records Requested: