

Client Initials: _____

Date: ____ / ____ / ____



SUBSTANCE ABUSE PREVENTION AND CONTROL

SUPPLEMENTAL AUTHORIZED INDIVIDUALS/ENTITIES FOR RELEASE OF SUBSTANCE USE DISORDER HEALTH INFORMATION

Purpose of document: This form is optional and should only be used to authorize supplemental individual(s) or entity(ies) to share your protected SUD health information, in addition to the entities currently specified in the attached release of information (ROI) form, as allowed by 42 CFR Part 2. The purpose, limits, and terms described in the attached ROI form apply to this document, including the effective date, expiration date or terms, and revocation date. This form must be completed and attached to the applicable ROI form at the time the ROI form is signed. This form cannot be added to or used with an existing ROI form.

Please indicate below which ROI form you are adding authorized individual(s) or entity(ies) to:

SAPC Treatment and Care Coordination ROI

OR

SAPC Legal Proceedings ROI

I. CLIENT INFORMATION

Name (Last, First, and Middle):	Date of Birth:	Medi-Cal #:	Sage ID #:
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II. ENTITIES AUTHORIZED TO SHARE HEALTH INFORMATION

Use the spaces provided below to enter the contact information of the additional individual(s) and/or entity(ies) you are authorizing to release your protected SUD information as indicated on the ROI form you are attaching this form to.

1. Entity Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

2. Entity Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

3. Entity Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____

4. Entity Name: _____

Address: _____

Phone #: _____ Fax #: _____

Email: _____ Website: _____