



995 Worthington Street, Springfield, MA 01109
Telephone 413-734-5376 FAX 413-737-7949

AUTHORIZATION FOR ONGOING TWO-WAY COMMUNICATION

I give my consent for the Mental Health Association, Inc. and its staff associated with the _____ Program, to have ongoing two-way communication with _____ . I understand two-way communication to mean that the Mental Health Association, Inc. or _____ may begin the communication process. This ongoing two-way communication may include written, phone, and faxed communication pertaining to my personal health information* generated by either the Mental Health Association, Inc. or the other agency, _____ .

I specifically authorize ongoing communication relating to my substance abuse treatment, records and current status. () Yes () No Initial _____

I specifically authorize ongoing communication relating to AIDS or HIV treatment, records or current status. () Yes () No Initial _____

The purpose for this communication is to help coordinate treatment and/or _____

I understand that this consent is subject to revocation at any time unless action based on this release has already been taken. I understand that further disclosure of the information to be released may not be made without my written consent or as otherwise restricted by federal regulations. My questions about this written consent have been fully answered by the person seeking consent.

Unless otherwise indicated, this consent will expire in one year.

Date

Signature of Participant

Date

Signature of Legal Guardian

Date

Person seeking consent/Title

* Protected health information (“PHI”) is health information that is created for received by a health care provider, health plan or health care clearinghouse which relates to: 1) the past, present or future physical or mental health of an individual; 2) the provision of health care to an individual; or 3) the past, present, or future payment for the provision of health care to an individual. To be protected, the information must be such that it identifies the individual or provides a reasonable basis to believe that the information can identify the individual. 45C.F.R 164.508