CONSENT TO RELEASE HEALTH AND SUBSTANCE ABUSE RECORDS

1. I, _____ (hereinafter, the "Individual"), by and through this consent to release health and substance abuse records (this "Consent and Release") hereby authorize _____ and Technical Resource Management, LLC d/b/a Cordant Health Solutions (collectively, the "Testing Entities") to receive, use, release, disclose, and re-disclose the following health and substance use information (the "Health and Substance Abuse Records"), by and among themselves, and the Indiana Department of Child Services (DCS):

□ The entirety of all medical, substance abuse, and other records relating to the Individual maintained by the Testing Entities

□ Other (please explain): _____

2. I authorize the Testing Entities to receive, use, release, disclose and re-disclose the above-described information by and among themselves, and to the Indiana Department of Child Services (DCS), for the purposes of securing, administering, documenting, and processing child welfare services and benefits by and through DCS and in responding to subpoenas and court orders for such records in relation to legal matters involving DCS and the administration of DCS benefits and services pending before the State and Federal Courts in the State of Indiana, unless otherwise specified below:

□ Other (please specify): _____

3. The authorization to receive, use, release, disclose, and re-disclose of the above-described Health and Substance Abuse Records shall expire two (2) years after the date of signature hereto or upon the following occurrence:

□ Please specify event, if not a specific date (ex., Closure of DCS Case Number:): _____

4. I understand that my Health and Substance Abuse Records are protected under federal law, including the final regulations governing the confidentiality of substance use disorder patient records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent pursuant to this Consent and Release unless otherwise provided within their implementing regulations. Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of this information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C. F. R. Part 2.

5. I understand that if the person or entity to whom the Testing Entities may disclose or re-disclose the above-described Health and Substance Abuse Records is not a doctor, health care provider or health plan, the Health and Substance Abuse Records may not be protected by HIPAA, and that recipient may use or disclose the Health and Substance Abuse Records to other non-covered entities. I understand that the Health and Substance Abuse Records may include information relating to sexually transmitted diseases, acquired immunodeficiency syndrome (AIDS), or human immunodeficiency virus (HIV); behavioral or mental health services; and treatment for alcohol and drug abuse.

6. I understand that my refusal to sign this Consent and Release will not affect the Individual's ability to obtain services from the Testing Entities; however it may affect the Individual's ability to secure or otherwise participate in child welfare services and benefits administered through DCS which may require access to the Individuals Health and Substance Abuse Records.

7. I understand I have the right to inspect or copy the Health and Substance Abuse Records disclosed pursuant to this Consent and Release and to receive a copy of the signed Consent and Release. I understand that I may revoke (cancel) this Consent and Release at any time and that such revocation must be in writing and delivered to the Testing Entities. The Testing Entities cannot be held responsible for having disclosed Health and Substance Abuse Records in reliance upon this Consent and Release before receiving a written revocation.

8. I understand that the Testing Entities and their respective workforce members are released from legal responsibility or liability for disclosing Health and Substance Abuse Records authorized by this Consent and Release.

9. I acknowledge that I understand, and had an opportunity to ask questions before I signed, this Consent and Release.

_____ _____

Signature of Individual (or Individual's Personal Representative) Date of Signature

_____ _____

Print Name of Individual or Personal Representative (if applicable) Individual's Date of Birth

*Personal Representative Only (please describe your authority to sign on behalf of the Individual (e.g., Parent, Guardian, etc.)):

_____

42 CFR part 2 prohibits unauthorized disclosure of these records.