



HUGS Foundation

Helping families of chemically dependents find
Hope, Understanding, Gratitude and Serenity

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Date: _____

Referring Clinician _____

Agency _____

Address: _____

Phone: _____

Fax: _____

Email: _____

Client:
please include all demographics

Substance abuse disorder diagnosis and impressions:

Any mental health disorder diagnosis and impressions:



Authorization for Release

Authorization for Release of Medical Information H.U.G.S. Foundation

I, _____ born on ____/____/____
Last Name First Name Middle Initial

address _____ Social Security Number: _____

_____ Phone Number: _____

Hereby authorize _____ to furnish to the H.U.G.S.
Name of Treatment Provider

Foundation all diagnostic and assessment information regarding substance abuse and mental health treatment, treatment recommendations, information regarding attendance at treatment programs, treatment history and other information requested by the H.U.G.S. Foundation to assist the Foundation in making a determination regarding financial assistance. This includes the treatment provider filling out forms provided by the H.U.G.S. Foundation requesting specific information.

I hereby also authorize the above named Treatment Provider to speak to a representative of the H.U.G.S. Foundation regarding the above information if contacted by the H.U.G.S. Foundation.

This authorization is valid for 90 days unless revoked earlier in writing provided to the above named Treatment Provider. I understand that any revocation will not apply to information that has already been released in response to this authorization. I understand that once the information is disclosed to the H.U.G.S. Foundation, that it may no longer be protected by federal privacy regulations.

X _____ Date _____
Signature of Patient or Person Authorized to Consent

X _____ X _____ Date _____
Relationship to client Witness

If the records released include information of any diagnosis or treatment of alcohol abuse, the following statement applies to the Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules, the Federal rules prohibit the recipient from further disclosure of the information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or substance abuse client. These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.