



## Confidentiality | Rule 25

**Confidential Data:** Information contained in this document may be subject to Federal Confidentiality 42 CFR Chapter 1, Part 2, Minnesota Data Practices Act, Chapter 13 and HIPAA 45 CFR parts 160 and 164.

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.

**I understand I am prohibited from disclosing confidential information without the specific written consent of the person to whom it pertains. \***  Yes

*\*Indicates required field*

**Client Name:** \_\_\_\_\_

**Date of Birth:** \_\_\_\_\_

**Please indicate your relationship:**

- Self
- Parent
- Legal Guardian
- Conservator Health Care Agent/Health Care Power of Attorney

**Signature:** \_\_\_\_\_  
My signature indicates that I am legally authorized to sign.

**Date:** \_\_\_\_\_