



Consent for the Release of Confidential Information

Client Name _____

I authorize Vitality Unlimited to share and/or obtain information from the following:

Release to _____ Phone _____

Address _____ City/State/Zip _____

Fax _____

Reason for release _____

Initial all applicable boxes. **All boxes not initialed will not be released.**

Substance Use	Mental Health	Medical	Other
Assessment	Assessment	Medication	Engagement
Progress notes	Progress notes	Progress notes	Billing Statements
Diagnosis List	Diagnosis List	Diagnosis List	Scheduling
ASAM	LOCUS/CUMHA	Lab Results	
Urinalysis/Breath test	Discharge Summary	Discharge Summary	
Discharge Summary			

My records are protected under HIPAA (45 C.F.R. Parts 160, 162, and 164) and 42 C.F.R. Part 2, and I understand that information disclosed pursuant to this authorization may be subject to re-disclosure by the recipient and may no longer be protected by federal confidentiality regulations. I understand that signing this authorization is voluntary and that I may refuse to sign without affecting my treatment. I may revoke this authorization at any time in writing; however, revocation will not apply to information already released or as otherwise permitted by law, including an insurer's right to contest a claim. Unless revoked earlier, this authorization will expire one year from the date it was signed. This authorization applies only to records originating from this facility and dated on or before the date of this authorization, unless otherwise specified, and may include information related to sexually transmitted diseases, HIV/AIDS, mental or behavioral health services, and substance use disorder treatment. **I have read and understand this authorization.**

Expiration Date: _____

Client Signature _____ Date Signed _____

Guardian Signature _____ Date Signed _____

Please send all requests to Medical Records: 1250 Lamoille Hwy Suite 943, Elko, NV, 89801.

P: 775-389-5832 F: 775-389-5833 E: Records@vitalityunlimited.org

RELEASE OF INFORMATION 03.03.2026