

1. I understand that the information in my health record may include information relating to sexually transmitted disease, acquired immunodeficiency syndrome (AIDS), human immunodeficiency virus (HIV) or Hepatitis A, B or C. It may also include information about behavioral or mental health services, and treatment for alcohol and drug abuse. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
2. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on this authorization. The revocation is effective from the time it is communicated to the provider. Unless otherwise revoked, this authorization is valid for up to 30 months from the date of execution below. If no expiration is specified, this authorization will automatically expire six (6) months from the date of signing. This authorization does not permit the release of health care information relating to health care that the patient receives more than six (6) months from the date of execution below. (§50-16-527, MCA)
3. The Montana Department of Corrections, Montana State Prison, Montana Women's Prison, its health care providers, employees, officers, and physicians are hereby released from any legal responsibility or liability for disclosure of the above information pursuant to the Uniform Health Care Information Act, §50-16-501 through §50-16-553, MCA, or the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 42 U.S.C. 1320d.
4. I understand that any disclosure of information carries with it the potential for an unauthorized re-disclosure and the information may not be protected by federal confidentiality rules.

Signature of Offender or Offender's Representative Date

Relationship to the offender _____

Signature of Witness Date

Signature of DOC Representative Requesting Information Date

Printed Name Printed Title

Address Fax # Email Address

cc: Offender File
