



CPF - Idaho Behavioral Health, LLC  
 DBA Recovery Ways Idaho

2273 S Vista Ave. Ste. 190  
 Boise, ID 83705  
 P: 208-343-2737  
 F: 208-342-3238

1811 E Karcher Rd  
 Nampa Id, 83687  
 P: 208-505-4419  
 F: 208-505-8505

2420 American Legion Blvd  
 Mt Home, Id 83647  
 P: 208-580-9525  
 F: 208-580-9527

**Consent for Release of Confidential Information**

<i>Client Name</i>	<i>Social Security #</i>	<i>Medicaid #</i>	<i>Date of Birth</i>

**In regard to my protected health information, I hereby authorize CPF - Idaho Behavioral Health, LLC DBA Recovery Ways Idaho and/or their staff person and/or their assignees to (check all that apply):**

Release To                      Obtain From                      Exchange Information With

**the following persons/agencies:**

(Name/Title/Organization): \_\_\_\_\_

**For the purpose of (check all that apply):**

Continuity and Coordination of Care                      Other: \_\_\_\_\_

**Format in which information is to be released (check all that apply):**

Verbal                      Written                      Other: \_\_\_\_\_

**Type of record(s) (check all that apply):**

	<u>Initial</u>		<u>Initial</u>
Medical Records	_____	Psychiatric Records	_____
Plans, Evaluations, Assessments	_____	Drug/Alcohol Treatment	_____
Other:	_____		_____

IBH, Inc. may not use or disclose my records without this consent unless authorized by law. I understand I may revoke this consent through a written, signed, and dated request at any time except to the extent that action has been taken in reliance on it. This consent expires as described below:

30 days after date of last service                      1 year from date below                      Other:

\_\_\_\_\_  
 Signature of Child Client **if between 14 - 18 years of Age**

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Client/Parent/Guardian/Authorized Representative

\_\_\_\_\_  
 Date

\_\_\_\_\_  
 Signature of Witness

\_\_\_\_\_  
 Date

**Re-Disclosure of Confidential Information Prohibited.** This information disclosed to you is protected by State and Federal law. You are not authorized to release it to any agency or person not listed on this form without specific written consent of the person to whom it pertains unless authorized by law.