Consent to Release Protect Health Information

You can access the CONSENT TO RELEASE AND/OR OBTAIN PROTECTED HEALTH INFORMATION (PHI) through the Client Portal.

I understand that as part of my treatment and/or services, Chrysalis Health originates, records, and maintains health information and opinions about me describing my health history, symptoms, examination and test results, diagnosis, treatment/services and plans for future care ("Protected Health Information" or "PHI").

I understand that my medical information ("PHI") about my condition, treatment and/or services, which includes **mental health and/or substance abuse/use content**, cannot be disclosed beyond myself without **written consent** per Federal and State regulations including, but not limited to: Health Insurance Portability and Accountability Act of 1996 (HIPAA), Code of Federal Regulations (CFR) Title 42 Part 2 — Confidentiality of Alcohol and Drug Abuse Patient Records and Title 45 Parts 160, 162 and 164 — Security and Privacy, unless otherwise provided and only to such extent found in the referenced regulations. With that understanding and for the purposes of guiding, planning, and providing treatment and/or services,

By signing the Chrysalis Health Consent Form, I agree to Release Information to, or Obtain Information from, the person(s)/agency(ies) listed therein.

I am aware that I can limit my consent to specific parties or specific information or specific uses. I also understand that Chrysalis Health has the right to refuse to provide me with treatment/services if it disagrees with any limitations I, or my legal guardian, place on uses or disclosures of my PHI.

I am aware I have the right to receive a copy of my PHI by unencrypted e-mail. Please be aware that receiving PHI through unencrypted email has the risk of PHI being read or otherwise accessed by a third party while in transit.

Further, I understand that I may revoke my consent in writing at any time to the extent that Chrysalis Health has not already taken action in reliance thereon. When and if revoking my consent, I agree to send the writing to the attention of "Privacy Officer". Finally, I agree that I have been given a copy of Chrysalis Health's Privacy Notice and that I have had an opportunity to review and understand such notice before providing my consent to the terms of this agreement.