

# STATE OF ALASKA

## Department of Health

DIVISION OF BEHAVIORAL HEALTH  
CENTRAL OFFICE

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### DIVISION OF BEHAVIORAL HEALTH (DBH) CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION Family Member Travel Under the Age of 14

I, \_\_\_\_\_, authorize the following alcohol or drug  
(Name of Legal Guardian)

treatment program(s) (name and address of each entity authorized to disclose and re-disclose information)

Referring: \_\_\_\_\_

Receiving: \_\_\_\_\_

and the Department of Health and Social Services, Division of Behavioral Health, P.O. Box 110620, Juneau, Alaska, 99811-0620,

to communicate with and disclose to one another verbally, electronically, or in writing the following information: the completed DBH Supported Family Travel Assistance form which contains the names of the children who will participate in substance abuse treatment services with their parent, their address, phone number, dates of birth, whether or not they need an escort, client's referral agency/counselor, and their travel and admission dates.

The purpose of the disclosures authorized in this consent is to facilitate the family's travel to and from substance abuse treatment to participate in family treatment.

I understand that our alcohol and/or drug treatment records are protected under the federal regulations governing the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 CFR and the Confidentiality Law, 42 C.F.R. Part 2, and cannot be disclosed without my consent unless otherwise provided for in the regulations. I understand that I may revoke, in writing, this consent at any time except to the extent that action has already been taken in reliance on it, and that in any event this consent expires automatically upon completion of my substance abuse treatment and subsequent return travel as needed.

The children's names under the age of 14 are listed below (those children over 14 must sign their own Release of Information):

Child #1 \_\_\_\_\_  
Child #2 \_\_\_\_\_  
Child #3 \_\_\_\_\_  
Child #4 \_\_\_\_\_

Signature of Legal Guardian \_\_\_\_\_ Date: \_\_\_\_\_