Stony Brook Eastern Long Island Hospital: Behavioral Health Services

*Patient Label*

201 Manor Place

Greenport, N.Y. 11944

**CONSENT TO OBTAIN OR RELEASE CONFIDENTIAL INFORMATION**

[ ]  Inpatient Rehabilitation and Detoxification Services- Tel. 631-477-8877 Fax- 631-477-5029

[ ]  Outpatient Services-Tel. 631-369-8966 Fax- 631-369-8516

I, do hereby consent to authorize Stony Brook Eastern Long Island Hospital, 201 Manor Place Greenport, N.Y. 11944 to disclose to and/or request from:

The following information, (both written and verbal) pertaining to me:

* Presence in treatment (including admission, attendance, discharge dates)
* Information regarding medical evaluation, diagnoses, laboratory tests, history, etc.
* History, including psychosocial, medical, prior treatments and other information.
* Diagnosis, brief description of progress & prognosis.
* Psychiatric evaluations, and treatment
* Assessment results
* Legal history
* Treatment & Discharge planning & plans
* Discharge summaries
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

This information is being disclosed for the following reasons:

* To provide ongoing treatment/continuing care
* To involve or coordinate treatment efforts with family or concerned persons
* To coordinate treatment and continuing care efforts with my employer, EAP, or school.
* To obtain insurance, employment or government benefits
* To provide information requested by the Department of Motor Vehicles & Drinking and Driving programs.
* To enable judges, attorneys, probation, parole, officers to support treatment goals or make legal decisions regarding me.
* Other:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Stony Brook University Hospital has merging operations and administration with Eastern Long Island Hospital. The following sections are ONLY APPLICABLE once Stony Brook University Hospital operates Eastern Long Island Hospital.**

* **PATIENT CONSENT FOR TRANSFER OF HISTORICAL SUBSTANCE USE DISORDER PATIENT RECORDS TO STONY BROOK UNIVERSITY HOSPITAL:** I previously was treated for substance use disorder or was referred for treatment by **Quannacut Program at Eastern Long Island Hospital**. I consent to the transfer of my historical medical records from the Quannacut Program at Eastern Long Island Hospital to Stony Brook University Hospital, effective once Stony Brook University Hospital is the operator of Eastern Long Island Hospital.

I understand the above information is protected by Federal Regulation 42CFR, Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records," and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that I need not consent to the release of information in order to obtain treatment services. I choose to do so willingly and voluntarily for the purposes provided above. This consent shall expire twelve (12) months or upon the date, event, or condition listed below. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance upon it. (Specify date, event, or condition upon which consent will expire on below line. If blank, consent expires in 12months) or to expire when all legal and financial obligations have been met.

Signature of patient: Date: Time:

Signature of Parent/Guardian: Date: Time:

Signature of Witness: Date: Time: