

NUWAY AUTHORIZATION TO RELEASE PROTECTED HEATLH INFORMATION

Full L	egal Name:		Prior Aliases:		
DOB:	: SSN:	F	Phone #:		Client #:
Addre	ess:	City:		_ State:	_ Zip:
1.	I hereby authorize (NUWAY Administration	tion and/or Specific Program):			
		Phone: 612-767-0309 F	ax: 651-925-0503		
	NUWAY Administration & Business O 2217 Nicollet Ave S., Minneapolis, MN		St. Paul NUWAY 545 7th Street W	•	
	NUWAY I – Residential Program 2200 1st Ave S., Minneapolis, MN 5540	□ 04	NUWAY II – Resi 2518 1 st Ave S., N	•	55404
	3Rs NUWAY Counseling Center 1404 Central Ave NE, Minneapolis, MI	□ N 55413	2118 NUWAY Co 2118 Blaisdell Av	•	, MN 55404
	To ☐ Obtain ☒ Release Name:	•	ation To/From: Company/Organizati	on:	
	Relation to Client:	Phone #:		Fax #: _	
	Address:	City:		State:	Zip:
T			Application for Insu	rance _	Emergency
E	Information to be Released (check a Evaluations/Assessments Clinical Deprogress/Non-Progress Attendant Discharge Summary/Information	Occumentation Mediace Letter of Involve	ement Continu	um of Care recom	· ·
5.	For Dates of Service (mm/dd/yy): _	1	through	/	
	I authorize the release of he date of my signature for one year.	-	fied above that is	s created after	the
Reco A & I information This not co subject state	derstand that my records are protected un ords, 42 CFR Part 2, and the Health Insur E and cannot be disclosed without my wrimation to be released may include record authorization may be revoked at any time condition treatment on whether or not I signet to re-disclosure by the recipient and me laws relating to the court system apply, the release will terminate one year from date	rance Portability and Account itten consent unless otherwists related to behavior and/or e except to the extent that N gn the authorization. Informany no longer be protected they should take precedence	ntability Act (HIPAA) se provided for in the mental health care IUWAY has already ation used or disclosoy federal law. It is e over any expiration	of 1996, 4 CFR F re regulations. I also and/or alcohol an taken action in rel sed pursuant to th understood that we n or revocation ex	Parts160 & 164, Subparts so understand the drug abuse treatment. liance on it. NUWAY will is authorization may be where federal laws or
Sign	ature (Required)	Date (Required)	Printed Nar	ne	
Sign	ature of Client Representative (if needed)) Date (Required)	Printed Nar	ne	



INSTRUCTIONS ON HOW TO FILL OUT THE RELEASE OF INFORMATION:

Full L	Legal Name:			Prior Aliases:		
				hone #:	(LEAVE CLIENT #	
	ress: I hereby authorize (NUWA					·
	Thoroby dutilonize (non-	•		x: 651-925-0503		
	2217 Nicollet Ave S., Minne	Business Office eapolis, MN 55404	_	St. Paul NUWAY	Counseling Center est, St. Paul, MN 551	AND the NUWAY
	2200 1st Ave S., Minneapol	_			linneapolis, MN 5540	administration box
	3Rs NUWAY Counseling Ce 1404 Central Ave NE, Minn			2118 NUWAY Cor 2118 Blaisdell Ave	unseling Center e S., Minneapolis, MN	N 55404
2.	To □ Obtain 図 Re	elease 🛮 Exchange	Informa	ation To/From:		
	Name:	_		ompany/Organizatio	on:	2.Fill in all information
	Relation to Client:	Р	hone #:		Fax #:	for where/who you want to have us send
	Address:					want to have us send
	-	Payment of Insurance (Claim	Application for Insur		
4. E	Diagnostic Assessment Information to be Releas Evaluations/Assessments Progress/Non-Progress	Payment of Insurance (Other (Specify): sed (check all that apply): Clinical Documentation Attendance Letter	Claim Medic er of Involve	Application for Insur cal Labs _ ment Continu	rance BillingPast r um of Care recomme	4.Be specific on what you would like released, fill out other line if you do
4. — E	Diagnostic Assessment Information to be Releas Evaluations/Assessments	Payment of Insurance (Other (Specify): sed (check all that apply): Clinical Documentation Attendance Letto on Emergency In	ClaimMedicer of Involve	Application for Insurance al Labs ment Continu Other: (Billing Past r um of Care recommen (Specify):	4.Be specific on what you would like released, fill out other line if you do not see your option listed
4. — E	Diagnostic Assessment Information to be Releas Evaluations/Assessments Progress/Non-Progress Discharge Summary/Information	Payment of Insurance (Other (Specify): Sed (check all that apply): Clinical Documentation Attendance Letto on Emergency In //dd//\frac{1}{2}/dd//\frac{1}{2}/\frac{1}{2	Medioner of Involventormation	Application for Insur-	mance Past r mum of Care recomment (Specify):/	4.Be specific on what you would like released, fill out other line if you do not see your option listed 5.Fill in the dates of service for client's
4. 4. 5. 6. ent nearly information of a subjustate	Diagnostic Assessment Information to be Releas Evaluations/Assessments Progress/Non-Progress Discharge Summary/Information For Dates of Service (mm I authorize the release of my signature for the part of the part 2 and the part 3 and 4 a	Payment of Insurance (Other (Specify): sed (check all that apply): Clinical Documentation Attendance Lette on Emergency In /dd////dd//\fmathbb{//dd//\	Medicer of Involver of Invo	Application for Insurant Labs Continu Other: (through through through confidentability Act (HIPAA)	BillingPast r um of Care recommen (Specify):/ s created after the tiality of Alcohol and I of 1996, 4 CFR Parts e reculations. I also u ohol and dr ohol and dr ohol in relianc ich ant to this au d that where	4.Be specific on what you would like released, fill out other line if you do not see your option listed 5.Fill in the dates of service for client's treatment timeframe Drug Abuse Patient 160 & 164, Subparts
4. 4. 5. 6. ent near information of a subjustate this informat	Diagnostic Assessment Information to be Releas Evaluations/Assessments Progress/Non-Progress Discharge Summary/Information For Dates of Service (mm. I authorize the released to not be disclosed with ormation to be released may incompation to be released may incompatible to re-disclosure by the recite laws relating to the court systematics.	Payment of Insurance (Other (Specify): sed (check all that apply): Clinical Documentation Attendance Lette on Emergency In /dd////dd//\fmathbb{//dd//\	MediaMedia er of Involve iformation / ion specif regulations and Account ess otherwis is optiona it to dictate iore record ROI	Application for Insurant Labs Labs Continu Other: (through through Confidentability Act (HIPAA) are provided for in the late initial, allower a date after where	Billing Past rum of Care recomment (Specify): / s created after the tiality of Alcohol and I of 1996, 4 CFR Parts e reculations. I also un ohol and dron in reliance ich ant to this au dithat where ation express year):	4.Be specific on what you would like released, fill out other line if you do not see your option listed 5.Fill in the dates of service for client's treatment timeframe Drug Abuse Patient 160 & 164, Subparts noderstand the ug abuse treatment. Se on it. NUWAY will authorization may be efederal laws or
4. 4. 5. 6. ent near information of a subjustate this informat	Information to be Releas Evaluations/Assessments Progress/Non-Progress Discharge Summary/Information For Dates of Service (mm. I authorize the released to nat my records are perfected by the proof of	Payment of Insurance (Other (Specify): sed (check all that apply):Clinical DocumentationAttendanceLette onEmergency In /dd/yy):/ ease of health informat one year. protected under the Federal Health Insurance Portability thout my written consent unlicitude records related at any time except or ont I sign the au ipient and may no lo tem apply, they sho or from date signed units I	Medicer of Involvent formation / ion specifications and Accounters of the main is optional at to dictate fore record ROI	Application for Insurant Application for Insur	Billing Past rum of Care recomment (Specify): / s created after the tiality of Alcohol and I of 1996, 4 CFR Parts e reculations. I also un ohol and dron in reliance ich ant to this au dithat where ation express year):	4.Be specific on what you would like released, fill out other line if you do not see your option listed 5.Fill in the dates of service for client's treatment timeframe Drug Abuse Patient to 8.164, Subparts noderstand the ug abuse treatment. Se on it. NUWAY will buthorization may be efederal laws or