

NUWAY ALLIANCE AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

ıll Legal Name:		Prior Aliases:		
OB: SS	N: Phone #:			
ddress:	City:	State:	Zip:	
1. I hereby authorize <u>NUWAY ALL</u>	.IANCE (Administration/Medical Records and/o	r Specific Program(s)):		
NUWAY Alliance Admin	a & Medical Records	3Rs NUWAY Counseling Center		
2217 Nicollet Ave S., Mir	nneapolis, MN 55404	1404 Central Ave NE, Minneapol	is, MN 55413	
NUWAY I – Men's Resid	lential Program	St. Paul NUWAY Counseling Cen		
2200 1st Ave S., Minnea	polis, MN 55404	545 7th Street West, St. Paul, MN 55102		
NUWAY II – Men's Resid	dential Program	NUWAY-University Counseling Center		
2518 1st Ave S., Minnea	polis, MN 55404	1246 University Ave W, St. Paul, MN 55104		
NUWAY III – Women's R	Residential Program	NUWAY Rochester Counseling C	Center	
2104 Stevens Ave S., Mi		1884 22nd St. NW, Rochester, MN 55901		
2118 NUWAY Counselin	_	NUWAY Duluth Counseling Center		
2118 Blaisdell Ave S., Mi		4615 Grand Ave W, Suite 300, D	4615 Grand Ave W, Suite 300, Duluth, MN 55807	
NUWAY St. Cloud Couns	_	NUWAY Mankato Counseling Co	NUWAY Mankato Counseling Center	
423 Great Oak Drive, Wa	aite Park, MN 56387		802 S. Front St., Mankato, MN 56001	
The Gables		Cochran Recovery Services		
604 5 th Street SW, Roche	ester, MN 55902	1294 18 th Street E. Hastings, MN	55033	
2. To □ Obtain ☒ Release	☑ Exchange Information To/F			
Name:	Company/Orgai	nization:		
Relation to Client:	Phone #:	Fax #:		
Address:	City:	State:	Zip:	
B. Purpose of Release (Check a	ill that apply):			
Coordination of Care	Other (Specify):			
I. Information to be Released	(Check all that apply):			
Assessments/Summaries	Treatment Plans & Reviews	Medications	UA/Labs	
Progress Updates/Informatio	n Mental Health Assessment/N	otes/Reviews Progress/Group Note	s Diagnosis	
Discharge Summary	Medical History	Other (Specify):		
_	rotected health information for A			
ONLY if I would like to limit to	he timeframe disclosed, I will indica	ate the timeframe here:	to	
	tected under the Federal regulations go	overning Confidentiality of Alcohol and Dru		
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INSTRUCTIONS TO FILL OUT NUWAY ALLIANCE RELEASE OF INFORMATION:

B:	SSN:	ENTER YOUR II	NFORMATION HERE.		
				State:	Zip:
C33		Oity		Otato	Διμ
1. I hereby aut	horize <u>NUWAY ALLIAN</u>	<u>CE</u> (Administration/Medical R	ecords and/or Specific Program(s)):		
NUWAY	Alliance Admin & Me	dical Records	3Rs NUWAY	Counseling Cer	nter
2217 Nicollet Ave S., Minneapolis, MN 55404			1404 Central Ave NE, Minneapolis, MN 55413		
NUWAY I – Men's Residential Program					Center- 7 th Street
2200 1 st Ave S., Minneapolis, MN 55404 NUWAY II – Men's Residential Program			et West, St. Pau		
2518 1 st Ave S., Minneapolis, MN 55404		NUWAY-University Counseling Center 1246 University Ave W, St. Paul, MN 55104			
NUWAY III – Women's Residential Program		NUWAY Rochester Counseling Center			
	evens Ave S., Minneapo	_		. NW, Rocheste	
	JWAY Counseling Cent		NUWAY Duli	uth Counseling	Center
2118 Blaisdell Ave S., Minneapolis, MN 55404			4615 Grand Ave W, Suite 300, Duluth, MN 55807		
NUWAY	St. Cloud Counseling (Center	¬	nkato Counselir	_
This release a	allows for records t	be sent from all	•	St., Mankato, N	
NUWAY Alli	ance programs list	ed. Please ONLY		overy Services eet E. Hastings	
	on(s) on the line bel		1294 10 50	eet E. Hastiligs,	, IVIIV 33033
	elease records from	•	ed or managed by NUWAY Alli	ance, which inclu	des NUWAY, Cochran Recovery
					ords from any location above, I
will identify that	location(s) here:				
To □ Obtain	☑ Release ☑ Example 2	change Information	To/From:		
Name:		Fill in all informa-	- Line for the Literature		
Dalatian to (Oli and		ation for who/where yo	l l	
Relation to (Client:	want us t	o send records to.	L ⊢ax #:	
Address:		City:		 State:	Zip:
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