

## NUWAY ALLIANCE AUTHORIZATION TO RELEASE PROTECTED HEALTH INFORMATION

Full Legal Name:		Prior Aliases:	
OOB: SS	N: Phone #:		
Address:	City:	State:	Zip:
1. I hereby authorize NUWAY ALL	IANCE (Administration/Medical Records and/o	or Specific Program(s)):	
NUWAY Alliance Admin 2217 Nicollet Ave S., Mir NUWAY I – Men's Resid 2200 1st Ave S., Minnea NUWAY II – Men's Resid 2518 1st Ave S., Minnea NUWAY III – Women's R 2104 Stevens Ave S., Mi 2118 NUWAY Counselin 2118 Blaisdell Ave S., Mi NUWAY St. Cloud Couns 423 Great Oak Drive, Wi The Gables 604 5th Street SW, Roche	& Medical Records Inneapolis, MN 55404 Idential Program Ipolis, MN 55404 Idential Program Ipolis, MN 55404 Idential Program Ipolis, MN 55404 Idential Program Inneapolis, MN 55404 Idential Program Inneapolis I	3Rs NUWAY Counseling Center 1404 Central Ave NE, Minneapol St. Paul NUWAY Counseling Cen 545 7th Street West, St. Paul, Mi NUWAY-University Counseling Cen 1246 University Ave W, St. Paul, NUWAY Rochester Counseling Cen 1884 22nd St. NW, Rochester, M NUWAY Duluth Counseling Cent 4615 Grand Ave W, Suite 300, Di NUWAY Mankato Counseling Ce 802 S. Front St., Mankato, MN 50 Cochran Recovery Services 2000 White Bear Ave N, Maplew managed by NUWAY Alliance, which includes a could like to exclude the disclosure of records	Ater- 7 <sup>th</sup> Street N 55102 Center MN 55104 Center IN 55901 Cer Ler Luluth, MN 55807 Center 6001 COOd, MN 55109 NUWAY, Cochran Recovery
I will identify that location(s) here: 2. To □ Obtain ☒ Release	☑ Exchange Information To/h	·	
Relation to Client:	Phone #:	Fax #:	
		State:	
<ul> <li>3. Purpose of Release (Check a Coordination of Care</li> <li>4. Information to be Released Assessments/Summaries</li> <li>Progress Updates/Information Discharge Summary</li> </ul>	Other (Specify):  (Check all that apply):  Treatment Plans & Reviews		UA/Labs
ONLY if I would like to limit to I understand that my records are protected 42 CFR Part 2, and the Health Insurate disclosed without my written consumay include records related to be revoked at any time except to the extreatment on whether or not I sign the by the recipient and may no longer be apply, they should take precedence of	ected under the Federal regulations grance Portability and Accountability Act (ent unless otherwise provided for in the avioral and/or mental health care arent that NUWAY Alliance has already to authorization. Information used or discover any expiration or revocation expressiver any expiration or revocation expressiver.	cate the timeframe here:  Doverning Confidentiality of Alcohol and Drught (HIPAA) of 1996, 4 CFR Parts 160 & 164, 5 eregulations. I also understand the information alcohol and drug abuse treatment taken action in reliance on it. NUWAY Alliasclosed pursuant to this authorization may stood that where federal laws or state laws	g Abuse Patient Records, Subparts A & E and canno mation to be released . This authorization may be ance will not condition be subject to re-disclosurate relating to the court system
Signature (Required)	Date (Required)		
Signature of Client Representative	(If applicable) Printed Name of 0	Client Representative Date (If application	able)

## **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><b>CE</b></u> (Administration/Medical R	ecords and/or Specific Program(s)):		
NUWAY	Alliance Admin & Me	dical Records	3Rs NUWAY	Counseling Cer	nter
	collet Ave S., Minneapo		1404 Central Ave NE, Minneapolis, MN 55413		
	/ I – Men's Residential	J			Center- 7 <sup>th</sup> Street
	Ave S., Minneapolis, N			et West, St. Pau	
NUWAY II – Men's Residential Program 2518 1st 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		
2104 Stevens Ave S., Minneapolis, MN 55404			1884 22nd St. NW, Rochester, MN 55901		
	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	<b>¬</b>	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:
	Release (Check all that ap			State:	Zip:
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