

Letters Needed Form

Please allow ONE WEEK

*****Columbia Addictions Center will NOT provide letters unless your balance is paid in full*****

Today's Date: _____

Client's Name: _____ Date of Birth: _____

Would You Like to Pick Up a Copy of Your Letter in the Office?

Yes _____ No _____

Name of Recipient: _____

Your lawyer, Probation Officer, or contact within the court system

Fax # of Recipient: _____

Only provide full mailing address if you KNOW that the recipient does NOT receive faxes

Purpose of Letter (check one)

☐ **Progress Letter**

☐ **Completion Letter**

☐ **UA Results**

Date Needed: _____

Most letters are completed on Fridays.

Consent for the Release of Confidential Information

(Your attorney, probation officer, physician, etc.)

☐ I authorize Columbia Addictions Center to release *any portion* of my client record to the person or organization I have written above; I further authorize Columbia Addictions Center to obtain information from the person or organization list above.

-OR-

☐ I authorize Columbia Addictions Center to release *only* the following information to the person or organization I have written above:

_____ Initial Evaluation

_____ Progress, Attendance and Discharge reports

_____ Urinalysis or Breathalyzer results

Signed by: _____
Signature of Patient or Legal Guardian Relationship to Patient

Print Patient's Name

Date

This authorization will be valid for one year unless I otherwise specify

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization.

**Columbia Addictions Center
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