

# CORRESPONDENCE REQUEST FORM

## FOR COMPLETION LETTER OR PROGRESS REPORT

TODAY'S DATE: \_\_\_\_\_

YOUR NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_

\*In order to receive a Completion Letter or Progress Letter you must have a ZERO balance.\*

RECIPIENT'S NAME: \_\_\_\_\_

- Lawyer
- Probation Officer
- Employer
- School

PHONE: \_\_\_\_\_



FAX/ EMAIL: \_\_\_\_\_



**MUST BE FILLED  
OUT, OR REQUEST  
IS NOT  
SUBMITTED**

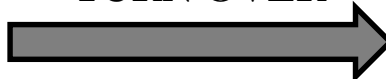
PURPOSE OF LETTER (Check one):

- Progress Letter
- Completion Letter

Date Needed: \_\_\_\_\_

- No charge (4-5 Business Days)
- \$50 Fee (2-3 Business Days)
- \$75 Fee (Same Day)

**TURN OVER**



FILL OUT BACK  
THIS IS A TWO-SIDED FORM

## Consent for the Release of Confidential Information

NAME: \_\_\_\_\_

(Circle One: Spouse, Parent, Attorney, Probation Officer, Counselor, Physician, Other/Please State)

PLEASE ENTER ONLY ONE NAME ABOVE; A SEPARATE FORM MUST BE  
COMPLETED FOR EACH PERSON TO WHOM YOU ARE ALLOWING INFORMATION  
TO BE RELEASED

### FULL RELEASE

I authorize the Columbia Addictions Center, LLC, doing business as Columbia Treatment Center (CTC) to release information to, and to obtain information from, the person or organization I have written above.

-OR-

### LIMITED RELEASE

I authorize the CTC to release *only* the following information to the person or organization I have written above:

\_\_\_\_\_ Appointment Dates/Times

\_\_\_\_\_ Account Balance

\_\_\_\_\_ Initial Evaluation

\_\_\_\_\_ Progress, Attendance, Completion 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.