

THE SCHOOL BOARD OF BROWARD COUNTY, FLORIDA
EMPLOYEE ASSISTANCE PROGRAM

AUTHORIZATION FOR THE RELEASE
OF CONFIDENTIAL INFORMATION

I, _____, authorize the Broward
(Name of Client)

County School Board Employee Assistance Program (EAP) to release

Intake Questionnaire, interview contents and/or any other information relevant to treatment
(Nature and Amount of Information to be Released)

to AETNA Behavioral Health and their providers -----
(Name of Organization, Person, or Title of Person Receiving Information)

for the purpose of assisting in treatment planning-----
(Purpose of the Release)

AUTHORIZATION FOR THE RELEASE
OF CONFIDENTIAL INFORMATION

I authorize AETNA Behavioral Health and their providers-----

(Name of Organization, Person, or Title of Person Receiving Information from EAP)

to release treatment plans, frequency of visits, general progress and need for additional services
(Nature and Amount of Information to be Released)

to the Broward County School Board Employee Assistance Program (EAP) for
the purpose of providing services, as necessary, consistent with treatment planning.
(Purpose of Release)

I understand that any blank spaces on this form invalidate the entire authorization, and that a copy of this authorization is a valid as the original. I can revoke this authorization orally or in writing at any time, but such revocation can have no effect on disclosures made prior to notice of revocation of this authorization. I authorize the use of my physical and/or electronic signature as acknowledgment of the contents of this release.

If not previously revoked, this authorization will automatically expire on

The date I am no longer an EAP client
(Specific Date, Event, or Condition)

Signature of Client

Date

Signature of EAP Staff

Date

NOTICE TO RECEIVER OF INFORMATION:

This information has been disclosed to you from records whose confidentiality may be protected by Federal Law. Federal Regulation (42 CFR, Part 2) prohibits you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Revised 03/31/20