**WFNJ-127**

**(Revised 05/2012)**

**CONSENT FOR THE RELEASE OF**

**CONFIDENTIAL ALCOHOL/DRUG AND/OR MENTAL HEALTH TREATMENT**

**INFORMATION TO STATE OF NEW JERSEY WELFARE INFORMATION SYSTEMS**

I, authorize

(Name of Recipient)

representing

(Name of County/Municipal welfare case worker)

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(Name of County/Municipal welfare agency)

to create a record of my participation in substance abuse or mental health treatment authorized by the National Council on Alcoholism and Drug Dependence Care Coordinator in the computerized welfare tracking system for this County/Municipality, which may include the Division of Family Development’s FAMIS/OMEGA database.

The purpose of the disclosure authorized herein is to enable the state Division of Family Development and my County/Municipal welfare case worker to authorize child care and transportation services in support of any substance abuse or mental health treatment recommended by the Work First New Jersey Substance Abuse or Mental Health Care Coordinator, and to ensure that this treatment is regarded as an alternative work activity.

I understand that my records are protected under the federal regulations governing confidentiality of Protected Health Information and Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, including 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

Date (must be specified)

Other events (be specific)

Signature of participant

Signature of parent, guardian or authorized representative when required

Name/relationship of authorized representative

**WFNJ-127**

**(Revised 05/212)**

**PROHIBITION ON RE-DISCLOSURE**

**OF INFORMATION CONCERNING CLIENT**

**IN ALCOHOL/DRUG ABUSE OR MENTAL HEALTH TREATMENT**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) and under the Health Insurance Portability and Accountability Act of 1996, 42 U.S.C. Section 1320d, et. seq. and the regulations thereunder, 45 C.F.R. Parts 160 and 164. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. 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.