

**NOTICE OF PROHIBITION OF REDISCLOSURE
SUBSTANCE ABUSE PROGRAM**

Patient's Name: _____ Date: _____

Patient's Physician: _____

The information or medical record disclosed to you is confidential and is protected by federal law.

Federal regulations (42 CFR) prohibit you from further disclosing information without the specific written consent of the above mentioned patient or as otherwise permitted by law. A general release of information authorization is not adequate for this purpose.

Organization's Medical Records staff