



8904 Cross Park Drive, Knoxville TN 37923
Phone (615) 526-1916 | Fax (215) 220-2682 | admissions@projecttransition.com

Consent for Release of Information

I, _____, hereby give my permission to the staff of Project Transition to
(print name)
obtain from BlueCare TN 800-468-9698

(Organization/Name and Title) (Phone #)
1 Cameron Circle Chattanooga TN 37402
(Address) (City) (State) (Zip Code)

the following specific information (please check next to the lines you consent release of):

- Psychiatric Evaluation Medical History, including physical examination
Biopsychosocial Assessment Authorization of Services (Clinical Reviews)
Treatment Planning Program Status Discharge Planning
Discharge Summary (from past treatment episodes)
Other

for the purpose(s) of (please check next to the items purpose):

- Admission planning Permanent Address Verification Legal Background Check
Authorization of Services Benefits Information Emergency Contact
Other

- I understand the nature of this authorization. I understand that my authorization shall remain effective until
(date to be no longer than one year).
I understand that all information released will be handled confidentially, in compliance with the Federal Privacy Act
(PL92-282).
I understand that I may revoke this authorization (except to the extent that action has been taken in reliance thereon) at
any time by verbal or written communication to the releasing agency.
I have been informed of my right (subject to RULES OF TENNESSEE DEPARTMENT OF HEALTH AND MENTAL
RETARDATION CHAPTER 0940-05-06 MINIMUM PROGRAM REQUIREMENTS FOR ALL FACILITIES) to inspect the
material to be released.

Member Signature Date

Project Transition Staff/Witness Signature Date

NOTICE TO RECIPIENT OF INFORMATION

This information had been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are
protected under the federal regulations on the confidentiality of alcohol and drug abuse patient records (42 CFR Part 2), you are prohibited 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. D and A – all QI
8/2016