

# GREATER PORTLAND CRISIS COMMUNITY PROVIDER NETWORK

*A group of agencies working together to provide and coordinate Crisis Mental Health Services*

## AUTHORIZATION FOR RELEASE OF INFORMATION

I, Name: \_\_\_\_\_ DOB: \_\_\_\_\_

agree to allow the Greater Portland Crisis Providers Network to provide and/or receive information about me regarding services I have received that relate to my current needs.

A. I understand that this release authorizes the agencies to share information gathered about my crisis, to determine what services are needed, and to support the creation of a community-based Crisis Plan to provide for continuity of care among the providers named on this form.

**B. I may refuse providing of information with any of these agencies by putting a line through an agency name, dating and initialing it. This means that no information will be shared with that agency.**

### GREATER PORTLAND CRISIS PROVIDER NETWORK –

|  |                             |               |
|--|-----------------------------|---------------|
| Youth Alternatives / Ingraham                                | Milestone Foundation        | Shalom House  |
| Health Care for the Homeless                                 | Mercy Hospital              | Amistad       |
| Oxford Street Shelter  | Catholic Charities of Maine | Preble Street |
| Spring Harbor / Maine Medical Center Mental Health Network   |                             |               |
| Dept. Health & Human Services – Adult Mental Health Services |                             |               |
| Portland Police Department Specialized Co-Response Team      |                             |               |

I DO /  DO NOT authorize disclosure of information which refers to mental health treatment or diagnosis. \_\_\_\_\_ *Initial*

I DO/  DO NOT authorize disclosure of information which refers to treatment or diagnosis of Alcohol or Substance abuse. \_\_\_\_\_ *Initial*

I DO/  DO NOT authorize disclosure of information which refers to treatment or diagnosis of HIV or AIDS. \_\_\_\_\_ *Initial*

This release expires on \_\_\_/\_\_\_/\_\_\_, (*no longer than 60 days*). I may cancel or change this release at any time either verbally or in writing.

I understand that:

- Under Maine Law, Chapter 718 (1975), patients (parent or guardian, if minor or legally incompetent adult) have the right to review material to be disclosed unless such review is waived.
- According to Code 42 of Federal Regulations, Part 2, Confidentiality of Alcohol and Drug Abuse Treatment Patient Records, further disclosure of the Information may not be made without my written consent or as otherwise restricted by Federal Regulations.
- I may refuse authorization to disclose some or all of the information in crisis providers records, but that such a refusal may result in improper diagnosis or treatment, denial of coverage or a claim for health benefits or insurance, or other adverse consequences.
- I may revoke this authorization at any time: however, my revocation will be subject to the rights of any person who has already acted in reliance on this authorization before receiving this notice of its revocation. I understand that my revocation of this authorization may be the basis for denial of health benefits or other insurance coverage benefits.
- All releases sent by facsimile (FAX) will contain a warning message to let the receiver know that the information is confidential and can be shared only with the agencies listed below. A photo copy of this form can be considered as valid as the original.

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Parent/ Guardian or other authorized person*

\_\_\_\_\_  
*Date*

\_\_\_\_\_  
*Witness/ Staff*

\_\_\_\_\_  
*Credentials*

\_\_\_\_\_  
*Agency*

\_\_\_\_\_  
*Date*

Youth Alternatives / Ingraham  
50 Lydia Lane / 50 Monument Sq.  
Portland 04104 / South Portland 04106  
874-1055, 774-HELP (4357) / 874-1175

Preble Street  
Po Box 1459  
Portland ME 04104  
Teen Center – 874-1197  
Lighthouse Shelter – 774-3073  
Preble Street Resource Center – 874-6560  
Women’s Shelter – (Ext 175)

Maine Medical Center Emergency Dept.  
22 Bramhall Street  
Portland ME 04101  
Acute Psych – 662-4807, 662-4737  
ER – 662-2381

Spring Harbor Behavioral Health  
123 Andover Rd  
Westbrook Me 04092  
761-2200

Shalom House  
Po Box 560  
Portland ME 04112  
On-call pager – 750-0592, 874-1080

Mercy Hospital  
144 State Street  
Portland ME 04102  
ER – 879-3266  
Recovery Center – 879-3600

Dept. of Health and Human Services  
Adult Mental Health Services  
175 Lancaster Street  
Portland ME 04102  
ICM – 822-0270

Catholic Charities  
250 Anderson Street  
Portland ME 04101  
Support & Recovery – 871-7431  
Back Door – 828-8387  
ACT pager 761-5045

Portland Health Care for the Homeless  
20 Portland Street  
Portland ME 04101  
874-8445

Amistad  
66 State Street  
Portland ME 04101  
773-1956

Milestone Foundation  
65 India Street  
Portland ME 04101  
775-4790

Oxford Street Shelter  
197-203 Oxford St.  
Portland, ME 04101  
761-2072

Portland Police Department Specialized  
Co-Response Team 317-1170