

**CHI ST. ALEXIUS HEALTH EMPLOYEE ASSISTANCE PROGRAM
AUTHORIZATION FOR RELEASE OF INFORMATION
GUIDELINES FOR COMPLETION**

Under Federal Privacy Regulations, we are unable to release Employee Assistance Program clinical records without having written authorization to do so. If you wish to have us release your clinical records, please complete the Authorization for Release of Information following the guidelines indicated below.

- Please enter your name and birthdate on the first line of the document.
- Enter, "CHI St. Alexius Health Employee Assistance Program" on the line identified as, "I hereby authorize."
- Enter the full name and address of the individual or organization you wish to receive the information on the line identified as, "to release to."
- Enter the time period of the services you wish to have us release.
- Initial the box identified as, "Clinical Information."
- If you have been referred to the Employee Assistance Program by your employer, and wish to release the information identified in items A-D, initial the box identified as, "Supervisory Referral."
- If you wish to authorize CHI St. Alexius Health EAP to exchange information received from another provider with a supervisor or other designee, enter the name of the supervisor or other designee, the name of the provider, and the specific information to be released.
- If you wish to acknowledge that you are employed in a job classified as, "safety sensitive," please read the circumstance under which information may be conveyed to your employer, and then initial the box identified as, "Safety Sensitive."
- If you wish to release other information from your clinical record, initial the box identified as, "Other," and provide the description indicated.
- Initial the line identified as, "Psychiatric/Mental Health" in the boxed area.
- If it applies, initial the line identified as, "Drug and/or Alcohol Dependency" in the boxed area.
- If you wish to have the release expire in less than one year, indicate the date that you prefer.

Please carefully read the information provided in items 1 through 5 located above the signature line before you sign and date the document. Once the form has been completed, signed, and dated, please forward the document along with **your daytime telephone number** to:

**CHI St. Alexius Health Employee Assistance Program
1310 East Main Street
P.O. Box 5510
Bismarck, North Dakota 58506-5510**

Upon receipt of the completed and signed authorization, and following our contact with you to verify the request, we will promptly forward the information as you have requested. You may wish to retain a copy of the completed form for your files. Should you have questions related to the release of information process or completion of the form, please do not hesitate to contact CHI St. Alexius Health Employee Assistance Program by calling (800) 327-7195.