

HAPPY TRAILS ADDICTION TREATMENT PROGRAM  
2045 RECOVERY LANE  
JOYOUS, CA 12345

**Referral for Physical Examination**

Referral Date:	Release of Information Date:
<b>Client/Patient Name:</b>	
Client/Patient Date of Birth:	
<b>Referral to:</b> (Name of Physician or Clinic)	
Address:	City:
Phone:	Fax:
<b>Referral Service Requested:</b>	PHYSICAL EXAMINATION
Reason for Referral: <input checked="" type="checkbox"/> Admission to Treatment	
<b>Attachments:</b>	
<input type="checkbox"/> Authorization for Exchange of Confidential Information	
<input type="checkbox"/> Self-Reported Health Questionnaire	
<input type="checkbox"/> History and Physical Form (to be filled out and returned)	
<i>Happy Trails Addiction Treatment Program is referring this client/patient to you for a physical examination, as new state laws require a physical exam for admission to substance use disorder treatment. The client's signed Authorization for Exchange of Confidential Information is attached.</i>	
<b>Please forward the physical examination results to:</b>	
HAPPY TRAILS ADDICTION TREATMENT PROGRAM 2045 RECOVERY LANE JOYOUS, CA 12345	
Ph: 510-000-0000 Fx: 510-000-0000	
<b>42 Code of Federal Regulations Part 2 (42 C.F.R. Part 2), the HIPPA Privacy Rule, the HITECH Act: This information has been disclosed to you from records that are confidential and protected by State and Federal Laws and Regulations pertaining to the privacy, security and release of confidential protected information and therefore prohibit any further disclosures of</b>	

*the records or information without specific written consent of the person to whom it pertains.  
A general authorization for the release of information is not sufficient for this purpose.*

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