

**Notice Regarding Use of Consent to Release Confidential Information in Relation to  
Insurance Reimbursement Denial Form**

**Please Note:**

The enclosed Consent to Release Confidential Information Form has been modified to permit the release of confidential patient identifying information in relation to resolving insurance reimbursement issues related to specific patients. This form is to be completed where the program is concerned that the patient's insurance carrier(s) may not honor legitimate insurance claims. This consent should be completed in addition to all other confidentiality consent forms normally signed by program patients.

The enclosed consent form **Does Not** have to be completed by program patients before the program completes and returns the OASAS Insurance Survey Form as the survey does not require the disclosure of any confidential patient identifying information.

If you require additional information regarding the federal Confidentiality Law, 42 CFR Part 2, please contact:

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