

BLUE VALLEY BEHAVIORAL HEALTH
Nebraska Division of Behavioral Health (NDBH) Consent

I, _____, hereby authorize Blue Valley Behavioral Health to exchange information regarding demographic identifiers to the following individuals or organizations only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:
Nebraska Dept. of Behavioral Health (NDBH)/Centralized Data System (CDS).
2. Specific type of information to be disclosed: **Name, Date of Birth, Social Security Number, Diagnosis, and other required demographic data.**
3. The purpose and need for such disclosure: **To develop client demographic database which allows for authorization, reporting and reimbursement purposes with NDBH.**
4. If you provide consent/authorization, you may revoke it at any time by submitting a written revocation to our Office Secretary/Privacy Officer and we will no longer disclose Protected Health Information under this consent/authorization. But disclosure that we made in reliance on your authorization before you revoked it will not be affected by the revocation.
5. Without expressed revocation this consent expires at time of discharge from the program.

BLUE VALLEY BEHAVIORAL HEALTH AND NDBH GUARANTEE THE CONFIDENTIALITY OF THIS INFORMATION.

Client Signature:

Date:

Parent/Guardian Signature:

Date:

Witness Signature:

Date: