

Phoenix Awards

Nominee's Authorization of Disclosure

BHR cannot disclose health care information about you in connection with the Phoenix Awards program unless BHR has your express authorization. Nomination for and consideration for a Phoenix Award requires us to collect and publish a limited amount of your health care information. If you agree to be nominated for Phoenix Awards #1., *Mental Health, Individual* or #2., *Addiction Recovery, Individual* BHR cannot legally identify your treatment history without this authorization form. It must accompany your nomination.

Authorization of disclosure

- I understand that I am being nominated for one of the Phoenix Awards to be held on June 14, 2012
- In order to recognize me for this award I understand that BHR will collect and publicize health care information about me to include information about my mental health diagnosis, treatment and progress and/or information about my participation in an addiction/chemical dependency program during the Phoenix Awards event and in BHR and Phoenix Award Sponsor publications and communications about the Awards winners.
- If I am chosen as a Phoenix Award winner, I will provide a 200-word statement about my life for use in the awards ceremonies and publications regarding the Phoenix Awards. I authorize and instruct BHR to collect and disclose any and all health care and other information about me as deemed necessary by BHR in connection with BHR's Phoenix Awards nomination and selection process. Without limitation of the foregoing, but as example thereof, I authorize BHR to publicize my name, photo and health care information if I am selected for one of the six awards.
- This authorization is valid until September 1, 2012, PROVIDED this authorization does not authorize BHR to disclose or publish any information about future health care provided to me more than 90 days after the date of this authorization.

Name: _____ **Date:** _____

Address: _____

Telephone _____ **Cell:** _____

Email _____ **Fax:** _____

Nominees Signature: _____ **Date:** _____

Nominators Signature: _____ **Date:** _____

All nominations are due by May 25, 2012

The Phoenix Awards are designed to acknowledge and celebrate those who have risen from the ashes of mental illness and addiction, and, those who have helped them do so. By honoring the achievements of people dealing with mental illness and addiction it is the hope of Behavioral Health Resources and the Community Mental Health Foundation (both of which will be referred to in this authorization as "BHR") to showcase the achievements of these valuable community members. We know that their example will reduce stigma and promote community understanding that mental illness and/or addiction are treatable.

Behavioral Health Resources ■ Community Mental Health Foundation

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