



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize _____
 (client name) (name/ address of person/ program to make disclosure)

 (dob)

to disclose to and/ or receive from _____
 (name/ address of person or organization to which disclosure is to be made)

the following information:

- Diagnosis Progression TX Lab Reports
 Progress Notes Discharge Summary Aftercare Plan
 Psych Test Results History and Physical Exam
 Other: _____ (Specify)

for the purpose of _____.

I, the undersigned, understand that I may revoke this consent at any time in the form of a written notice from me and that in any event this consent shall expire in One Hundred and Eighty (180) days from the release date of my signature. I understand that revocation will not be retroactive to information released prior to receipt of my written notice.

 Signature of Client

 Date

 Witness Signature

 Title

To the party receiving this information: this information has been disclosed to you from records whose confidentiality is protected by federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.