

**CLIENT AUTHORIZATION TO
OBTAIN OR RELEASE INFORMATION**

8/20

I authorize: _____

(Agency/Person - Name and Address)

to release/ _____
or to obtain (Treatment records, assessments, or any other information)

about _____
(Client/Patient) (Birthdate) (Social Security #)

to/from:

(Agency/Person Name and Address)

for the purpose of insurance reimbursement, treatment planning, diagnostic evaluation, continuity of care, or any other legal purpose. This consent is valid until rescinded in writing.

I understand the following guidelines for my protection:
The information obtained as a result of this release may not be re-disclosed unless I specifically consent to it. I have the right to revoke this consent at any time. Revoking this consent shall have no effect on disclosures made before the withdrawal of consent.

I have the right to inspect and will agree to pay for copies of the information to be disclosed.

(over please)

It has been explained to me that if I refuse to consent to this release of information, the following are the possible consequences (if any): _____

_____.

Signature of Client(s)	Date of Birth	Social Security #
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Signature of Client	Date of Birth	Social Security #
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Signature of Client	Date of Birth	Social Security #
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Signature of Client	Date of Birth	Social Security #
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Signature above of Parent/Guardian (if client is less than 12 years old)

NOTICE TO ANY RECIPIENT OF INFORMATION

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) **prohibits you from making any further disclosure** of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

