

CONSENT FOR RELEASE OF INFORMATION

I, _____, hereby authorize
(Name of Client or Family Member)

_____, to release the following
(Name of Person of Program Making the Disclosure)

information: _____

_____ to:

(Name of Person or Organization to which disclosure is to be made)

It has been explained to me that the purpose of this information is as follows:

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may withdraw my permission for the use of this information at any time, except to the extent that action has been taken in reliance on it (e.g., probation, etc.). It is my understanding that this consent expires automatically as described below:

Date, event or condition upon which this consent expires:

Signature of Client

Signature of Witness

Date

Date