



RELEASE OF INFORMATION

Client name \_\_\_\_\_ DOB \_\_\_\_\_

I authorize my counselor/psychologist \_\_\_\_\_

Please INITIAL your permission:

\_\_\_\_\_ [ ] To release information TO the following person/agency

\_\_\_\_\_ [ ] To obtain information FROM the following person/agency

Name/Agency \_\_\_\_\_ Relationship to Client \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone Number \_\_\_\_\_ Fax Number \_\_\_\_\_

PURPOSE AND LIMITS

[ ] Collaboration [ ] Verify Services Provided [ ] Referral [ ] Phone Consultation

[ ] Other/ Limits \_\_\_\_\_

INFORMATION TO BE PROVIDED

[ ] Dates of Service [ ] Progress Notes [ ] Prognosis [ ] Diagnosis and Assessment

[ ] Alcohol & Drug Records [ ] Communicable Disease Records [ ] Other \_\_\_\_\_

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit 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.

I understand that my signature authorizes the release of this information only between the above-named persons or agency. I understand that except to the extent that action has already been taken based on my authorization, I may withdraw this authorization at any time by written notice. I understand that this authorization shall remain in effect for ONE HUNDRED EIGHTY (180) days from the date of the signature below, unless I specify an earlier date.

Dated this \_\_\_\_\_ Day of \_\_\_\_\_, 20 \_\_\_\_\_

Signature of Client \_\_\_\_\_

Signature of EAW Service Provider: \_\_\_\_\_

Date: \_\_\_\_\_

For Office Use Only: Written request to revoke received: \_\_\_\_\_ Date