Authorization to Release Confidential Information

I, ____________________________________, authorize ______________________________

to disclose to and/or obtain information from ______________________________________

Phone _____________________, Relationship to client______________________________

Address_________________________ City, State, Zip ______________________________

regarding myself/my child, (name)____

DOB_____________________________SSN____

I GRANT PERMISSION FOR THE FOLLOWING INFORMATION TO BE DISCLOSED:

______Intake Information ______MSE _______Treatment Plan or Therapy ________Drug Screens

______Medication Management ______Medical Management _____Toxicological Reports ________Verbal

_____I give specific permission to release information regarding alcohol/drug abuse. I understand that my records may include alcohol and drug abuse information, which is protected under Federal Confidentiality Regulations (42 CFR, Part 2). Any further disclosure of my records other than what is outlined abo e is prohibited without my specific written consent, or as otherwise permitted by such regulations.

THE PURPOSE OF THIS DISCLOSURE is to improve assessment and treatment planning, share information relevant to treatment and to coordinate services as needed. If other purpose, please specify: _______________________

I understand that I have the RIGHT TO REVOKE this authorization, in writing, at any time by sending written notification to ________________________________at 908 N. Howard, Suite #102, Grand Island, NE 68803. **Text messages or e-mails ARE NOT considered written notification.** I further understand that a revocation of the authorization is not effective to the extent that prior action may have been taken based on the previous authorization.

Unless otherwise noted or revoked, this consent EXPIRES, twelve months following the last date of service by ____________________**.** The provider reserves the right to disclose information permitted by this release in any manner deemed to be appropriate and consistent with applicable law, including but not limited to verbal, paper format, or electronic. RE-DISCLOSURE IS PROHIBITED BY FEDERAL LAW without further written authorization of the person to whom it pertains, or the person with the right to grant access to confidential information (parent, guardian, POA, etc.)

Signature of client____ Date___________________________

Signature of guardian (if applicable) _________________________________ Date__________________________

Signature of witness ____ Date___________________________