

INFORMED CONSENT FOR RELEASE OF INFORMATION

I _____, DOB _____, hereby consent to the disclosure of the specific information listed in this document.

TO: _____
Name and address of agency and/or person receiving information

Address City State Zip Code

FROM: _____
Name and address of agency and/or person providing information

Address City State Zip Code

For the Following Purpose(s):

<input type="checkbox"/> Assessment	<input type="checkbox"/> Rehabilitation Program Planning
<input type="checkbox"/> Treatment Planning	<input type="checkbox"/> Other _____

Select One: Complete Record Specific Time Frame: Start Date _____ End Date _____

Check all that apply

The following information may be released from my record: written oral

- Social History
- Medical History
- Evaluation Progress Notes

Evaluation, Treatment Plans, and/or Reports in the following area of rehabilitation:

- Psychological
- Vocational
- Therapy (specify) _____
- Other (specify) _____

I, the undersigned, understand the information disclosed may include reference to or treatment of physical illness, emotional illness, developmental disabilities, alcohol abuse, drug abuse, and /or HIV.

This consent will expire exactly one year from the date of signature, unless otherwise stipulated. If to expire prior, this consent shall remain in effect until ___/___/____. I understand this authorization is subject to revocation at any time to be honored upon written notification to the releaser by the signee or person authorized by the signee. I understand that I have the right to request copies of the released material and that the confidentiality of my records is protected by law. My refusal to consent will not result in denial or limitation of services. We will not re-disclose confidential information.

X _____
Signature of Client

___/___/____
Date

X _____
Signature of parent or legal guardian *

___/___/____
Date

X _____
Signature of Witness

___/___/____
Date

◆ **Note:** When the client is an adult and a legal guardian's signature is provided, proof of legal guardianship is required.

A photocopy or fax of this consent is as valid as the original.