

AUTHORIZATION FOR THE RELEASE OF INFORMATION

I, _____, authorize
(Name of Client)

Eric O. Emerson M.A. Ed. LISAC To disclose and communicate:

(specific information and/or photograph to be disclosed)

To: _____
(name or title of the person or agency to which disclosure is to be made)

For the purpose of: _____.

This consent will terminate on: _____.

I understand that my records are protected by the Federal Rules for Privacy of Individually Identifiable Health Information (Title 45 of the Code of Federal Regulations, Parts 160 and 164), the Federal Rules for Confidentiality of Alcohol and Drug Abuse Patient Records (Title 42 CFR Chapter I, Part 2) and/or State laws.

I understand that my records are being forwarded to the aforementioned parties and the records may contain information about my mental health, substance use or dependency and authorize the release of these records.

Client signature: _____ Date: _____

Parent/Guardian signature: _____ Date: _____

Counselor signature: _____ Date: _____

Notice to Recipient of Records.

The content of the records for this person may contain information about the use/abuse of drugs and alcohol. 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.