

CONSENT TO DISCLOSE INFORMATION

1. I, _____, hereby authorize _____
_____ to release the
information described below to:

2. _____ Attention _____
Address: _____
City/State/Zip: _____

3. The purpose or need for the disclosure is: _____

4. The specific information to be released is: _____

I understand that I may revoke this consent at any time except to the extent that action has been taken thereon.

5. I further understand that this consent will expire upon _____,
and cannot be renewed without my written consent.

(Signature of Client)

Date

(Signature of Parent of Guardian)

Date

Note to program receiving this information:
This information has been disclosed to you from records whose confidentiality is protected by the Federal Law. Federal regulations prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.