

CONSENT FOR THE RELEASE

OF ‘CONFIDENTIAL,’ INFORMATION

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, authorize

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(Name or general designation of program making disclosure)

to disclose to/disclose from \_\_\_\_\_\_\_\_\_Reach Beyond\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(name of person or organization to which disclosure is to be made)

Summary of results of Substance Abuse Subtle Screening Inventory (SASSI-II) Alcohol, Tabaco and other Drug Screening Instrument. Summary results of the Global Assessment of Individual Needs (GAIN). (Nature of information, as limited as possible)

The purpose of the disclosure authorized herein is to:

Provide information for the Reach Beyond administration and parents of the evaluated client. Instruments used to develop intervention level for correction of at-risk behavior and intervention of health issues associated with use, misuse and abuse. (Purpose of disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

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(Specification of the date, event, or condition upon which this consent expires)

Dated\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Signature of Participant

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Staff- Reach Beyond Signature of parent, guardian or

authorized representative when required.