

CLIENT CONSENT

FOR THE RELEASE OF CONFIDENTIAL INFORMATION

NOTICE REQUIRED TO ACCOMPANY DISCLOSURE

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 without the specific 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 a ny alcohol or drug abuse clients .

I, _____ authorize West Slope Recovery , Inc. to d isclose to:

CONTACT RELATIONSHIP

_____ (_____) _____ - _____ (_____) _____ - _____

ADDRESS PHONE NUMBER CELL PHONE NUMBER

Info. To Disclose:

CONTACT RELATIONSHIP

_____ (_____) _____ - _____ (_____) _____ - _____

ADDRESS PHONE NUMBER CELL PHONE NUMBER

Info. To Disclose:

CONTACT RELATIONSHIP

_____ (_____) _____ - _____ (_____) _____ - _____

ADDRESS PHONE NUMBER CELL PHONE NUMBER

Info. To Disclose:

CONTACT RELATIONSHIP

_____ (_____) _____ - _____ (_____) _____ - _____

ADDRESS PHONE NUMBER CELL PHONE NUMBER

Info. To Disclose:

I understand that my records are protected under the Federal Confidentiality Regulations 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 , in writing, except to the extent that action have been taken in reliance on it (e.g. probation, parole, etc.) and that THIS CONSENT WILL EXPIRE AUTOMATICALLY 1 YEAR FROM EXIT FROM TREATMENT.

Executed this _____ day of _____ 20_____.

Staff Signature Client Signature