

CONSENT TO DISCLOSE CLIENT INFORMATION

I, _____, hereby authorize

ORENDA CENTER to disclose information to and
(Name of organization/program making disclosure)

✓ receive information from _____
(Name of person or organization receiving disclosure)

✓ The purpose of the disclosure authorized herein is to: _____

(as specific as possible)

and such disclosure shall be limited to the following specific information: _____

✓ _____

I understand that all information and my records are protected under the federal register 42 CFR Part 2, governing confidentiality of Alcohol and Drug Abuse Patient/Client Records, and shall not 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 take in reliance on it, and that in any event this consent expires automatically as follows:

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

✓ Dated: _____

✓ _____
(Signature of Participant)

(Signature of parent, guardian or authorized representative when required)