

# Consent for The Release of Confidential Alcohol or Drug Treatment Information

I, \_\_\_\_\_,  
(NAME OF PATIENT)

authorize \_\_\_\_\_  
(NAME OR GENERAL DESIGNATION OF PROGRAM MAKING DISCLOSURE)

to disclose to \_\_\_\_\_  
(NAME OR PERSON OR ORGANIZATION TO WHICH DISCLOSURE IS MADE)

the following information:

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

The purpose of the disclosure authorized herein is to:

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

\_\_\_\_\_  
(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:

\_\_\_\_\_  
(SPECIFICATION OF DATE, EVENT, OR CONDITION UPON WHICH THIS CONSENT EXPIRES)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PARTICIPANT)

\_\_\_\_\_  
(DATE)

\_\_\_\_\_  
(PRINT NAME)

\_\_\_\_\_  
(SIGNATURE OF PARENT, GUARDIAN, OR AUTHORIZED REPRESENTATIVE WHEN REQUIRED)

Source: SAMHSA. Confidentiality of Patient Records for Alcohol and Other Drug Treatment Technical Assistance Publication (TAP) Series 13. 1994.