



8611 Second Avenue, Suite 300 | Silver Spring, MD 20910
Phone (301) 563-1545 | Fax (301) 563-1546

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION:

I, _____, authorize Second Genesis to disclose to
(Name of Client)

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

(Address)

(Phone Number)

(Fax Number)

the following information: Social History Discharge Summary Legal Issues
 Psychological Evaluation Intake Summary Medical Information
 Interpretive Summary Progress Notes Treatment Dates Urine Results
 Breathalyzer Results Treatment Planning

The purpose of the disclosure authorized herein is to: _____

(Specific Purpose of the Disclosure)

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing *Confidentiality of Alcohol and Drug Abuse Patient Records*, and that recipients of this information may re-disclose it only in connection with their official duties. I 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:

Expiration Date

Date

Signature of Client

Date

Witness

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. 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 unless further disclosure is expressly permitted by the 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 this information criminally investigate or prosecute any alcohol or drug abuse patient.