

Consent of Client to Release Information RELEASE OF INFORMATION

Counselor's Name

Client's Name

1. Name of person or agency making disclosure and requesting information:

The _____

Employee Assistance Program

2. Name of person, title and organization to which disclosure will be made and/or with whom information will be exchanged:

3. Purpose or need for the disclosure:

4. Extent and nature of information to be exchanged:

5. I understand that this is subject to revocation at any time, or one year of the date of signing, except to the extent that action has been taken in reliance thereon.

Signature of Client

Date of Consent

EACH DISCLOSURE MADE WITH THE CLIENT'S WRITTEN CONSENT MUST BE ACCOMPANIED BY THE FOLLOWING WRITTEN STATEMENT:

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 the information to criminally investigate or prosecute any alcohol or drug abuse client or patient.