

**Associated Counseling Professionals**  
**2255 South 132<sup>nd</sup> Street, Suite 200**  
**Omaha, NE 68144**

**AUTHORIZATION OF RELEASE OF RECORDS OR INFORMATION**

I, \_\_\_\_\_, Name of Patient \_\_\_\_\_, Social Security Number \_\_\_\_\_, hereby give

permission to \_\_\_\_\_, Name of Provider of Services \_\_\_\_\_, to:

\_\_\_\_\_ Disclose Information To: \_\_\_\_\_ AND/OR \_\_\_\_\_ Obtain Information From:

(Name of Agency, Attorney, School Counselor, Therapist, etc.)

(Address, City, State and Zip Code)

Phone: ( ) \_\_\_\_\_ Fax: ( ) \_\_\_\_\_

\_\_\_\_\_ MY ENTIRE RECORD, OR  
 \_\_\_\_\_ Only the following information: (Patient must initial each item to be released/obtained)  
*Dates Within Which to Include Information*

Substance Abuse Evaluation	From _____	To _____
Diagnosis/Assessment	From _____	To _____
Treatment Recommendations	From _____	To _____
Treatment Plan	From _____	To _____
Expected Length of Treatment	From _____	To _____
Name of New Treatment Provider	From _____	To _____
Attendance Records Only	From _____	To _____
Progress Report of my Treatment	From _____	To _____
Other (Specify)	From _____	To _____

**FORM IN WHICH INFORMATION SHOULD BE RELEASED:** \_\_\_\_\_ Verbal \_\_\_\_\_ Photocopy \_\_\_\_\_

The purpose of this disclosure is: *(Please Specify)*: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

The timeframe within which this Release of Information is applicable if from: \_\_\_\_\_ to \_\_\_\_\_.

I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Signature of Client \_\_\_\_\_ Signature of Parent, Guardian or Authorized Representative (when required) \_\_\_\_\_

Date \_\_\_\_\_ Witness \_\_\_\_\_

**NOTICE TO RECIPIENT OF INFORMATION:**

This information has been disclosed to you from records the confidentiality of which may be protected by federal and/or state law. If the records are so protected, Federal Regulation (42 CFR Part 2) prohibits you from making any further disclosure of this information unless 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.