

# DEAF ADDICTION SERVICES AT MARYLAND

## CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I, \_\_\_\_\_ SS# \_\_\_\_\_  
(Name of Client)

AUTHORIZE: \_\_\_\_\_ Deaf Addiction Services at Maryland \_\_\_\_\_

[ ] To obtain from: \_\_\_\_\_  
(Name of Person or Organization) (Phone Number)

[ ] To release to: \_\_\_\_\_  
(Name of Person or Organization) (Phone Number)

PURPOSE OF DISCLOSURE: \_\_\_\_\_

NATURE OF INFORMATION: \_\_\_\_\_

EXPIRATION DATE (Consent expires in one year unless revoked earlier).

1. EXACT DATE \_\_\_\_\_
2. CONDITION: \_\_\_\_\_
3. EVENT: \_\_\_\_\_

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., as a condition of Parole and Probation, the Courts, etc.).

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(CLIENT)

SIGNED \_\_\_\_\_ DATE \_\_\_\_\_  
(COUNSELOR)

“This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you 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 patient.”