



Consent for the Release of Confidential Information

I, _____ (printed client name) authorize

Life Delta Counseling to use and disclose protected healthcare information to:

_____ (circle relationship) spouse, therapist, physician,
attorney, supervisor or (specify other relationship) _____.

This release applies to the following information: (please check appropriate lines)

Symptoms and Nature of Counseling Work

Dates and Times of Sessions

Progress Report(s)

Treatment Plan

Evaluation / Diagnosis

I understand that my records are protected under Federal Confidentiality rules (42 CFR Part 2). Federal rules prohibit further disclosure of this information except by written consent of the person to whom it pertains. I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc...) and that in any event this consent expires automatically as described below. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

This consent expires six months after completion of treatment or as specified here:

_____.

I further acknowledge that the information released was fully explained to me and this consent is given of my own free will.

_____ (Signature) _____ (Date)