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**CONSENT TO RELEASE AND OBTAIN
CONFIDENTIAL INFORMATION**

I, _____ D.O.B. ___/___/___ authorize

Sandra Hall, LMHC, CAP, CRC to disclose to and accept from

Probation

the following confidential information including psychiatric, psychological, drug/alcohol abuse and HIV test results, if applicable.

- (x) Discharge Summary (x) Psychological Testing
(x) Treatment Summary (x) Verbal Information Exchange
(x) Medical Testing/ Physical () Other: _____
(including UDS, HIV) _____

The specific purpose of the disclosure authorized in this consent is to:

Probation

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also 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 authorization will expire thirty (30) days after my discharge or ninety (90) days from the date signed, whichever is later.

Dated: _____

Signature of client

Signature of parent, guardian or authorized
representative when required

Prohibition on Rediscovery: This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. Part 3). 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 C.F.R. 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.