

FORT HELP, LLC

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Consent to Release Confidential Information

FROM:

I, _____, d.o.b. _____, authorize

Fort Help to disclose the following information to: _____

The information to be disclosed is:

TO:

I, _____ d.o.b. _____, authorize:

_____ to disclose the following information to Fort Help,

The information to be disclosed is:

maintenance records detox records medical records physical evaluations lab work

psychological records urine records counseling review

other: _____

all of the above

This information is required for the purpose of _____

This consent will remain effective until _____

(Date not to exceed one calendar year or discharge from treatment)

Client Signature

Date

Witness Signature

Date

The Client retains the right to revoke this release of information at any time by notifying the program verbally, followed by a signed, written request. A copy of this signed release must be given to the client. The original signed form is retained by Fort Help.

This information is being released in accord with 42CFR regulations. It is prohibited to re-release this information without another signed consent from the client.