THE RANCH RECOVERY CENTERS, INC.
AUTHORIZATION TO **RELEASE** INFORMATION

I, ________________________________, authorize THE RANCH RECOVERY CENTERS:
(Client Name)

_____The Ranch (Men's Facility)
7885 Annandale Ave
Desert Hot Springs, Ca 92240
(760) 329-2924
FAX (760) 329-0169

_____Hacienda Valdez (Women's Facility)
12890 Quinta Way
Desert Hot Springs, Ca 92240
(760) 329-2959
FAX (760) 329-2953

to release the following information regarding me and/or my treatments/case to:

____
(Name of Facility)

____
(Address of Facility)

______________________________, ______________, __________
(City) (State) (Zip)

____
(Phone)

_____Discharge Summary

_____Psychiatric Evaluation

_____MMPI and other test results

_____Medical/Social Treatment

_____Report of client's response to treatment (include: length of stay, prognosis, type of discharge, aftercare plans/recommendations).

_____Other (Specify): ________________

____

I understand that I may revoke this Consent to Release information at any time, and that upon fulfillment of the above-stated purpose(s), this consent will automatically expire without my expressed revocation.

The information provided will be held strictly confidential, and will not be released without express written consent of the client. This information being provided to you is protected under the Federal Confidentiality laws, and in compliance with CFR 42.

______________________________ ______________
Client Name Date

______________________________ ______________
Staff Name Date

(Word: obtain-release)