Freedom Counseling Services

CRIMINAL JUSTICE REFERRAL CONSENT FOR RELEASE OF INFORMATION

Client Name: _____

Date of Birth: _____

SSN: _____

I, _____, hereby authorize

Freedom Counseling Services
PO Box 1260, LaFayette, GA 30728
to release the following information: (*specify*)

❑ Admission to FCS	❑ Progress During Treatment	❑ Visitation
❑ Discharge from FCS	❑ Discharge Recommendations	❑ Step Work
❑ Discharge Summary	❑ Aftercare Attendance	❑ Medical Consults
❑ Drug Screen Results	❑ Bio-psychological Assessment	❑ Master Treatment Plan
❑ History and Physical	❑ Psychiatric and/or Psychological consults	

❑ Other (*specify*) _____

Regarding: _____ for the purpose of: _____

To:

_____
(Name of Person or Agency)

_____ _____ _____ _____
(Address of Person or Agency) *(Phone)* *(Cell Phone)* *(Fax)*

*This information has been disclosed to you from records protected by Federal Confidentiality rules (42 CFR Part 2). 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 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.*

VERY IMPORTANT—PLEASE READ BEFORE YOU SIGN:
I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole or other proceeding under which I was mandated into treatment. Once and only when this condition has been met this consent to release will automatically expire in two years from the date of signing.

_____ _____ _____
Date *Client Signature* *Witness*

Release of information by: Phone _____ Mail _____ Electronically _____Other _____(*specify*)