

**SAN CARLOS APACHE WELLNESS CENTER**

Physical Address: #5 San Carlos Blvd., San Carlos, AZ

Correspondence: PO Box 0, San Carlos, AZ 85550

Phone (928) 475-4875; Fax (928) 475-4880

**AUTHORIZATION FOR RELEASE  
OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, authorize  
(Name of Client &/or Guardian) (Client's birth date)

[Name of facility or individual]: San Carlos Apache Wellness Center

[Address]: P. O. Box 0, San Carlos, AZ 85550

[Phone/Fax, if available]: Ph: 928-475-4875; F:928-475-4880

**to disclose or share information with**

[Name of facility or individual]: \_\_\_\_\_

[Address]: \_\_\_\_\_

[Phone/Fax, if available]: \_\_\_\_\_

**from the (Check as appropriate)**

- Medical Record       School Record       Personnel Record       Psychological Testing
- Mental Health Record       Alcohol/Drug Abuse Treatment       Other: \_\_\_\_\_

The purpose or need for the disclosure is: \_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under state and federal regulations 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. If this authorization is not revoked, it will terminate on \_\_\_\_\_ or, if no date is noted, one year from the date of my signature. Additionally, I may give a conditional release for my records, wherein this release is no longer valid if the following listed conditions occur: \_\_\_\_\_

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent, Guardian or Witness

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2) governing "Confidentiality of Alcohol and Drug Abuse Patient Records". It is released for the purpose stated above and may not be used by the recipient for any other purposes. Federal law prohibits 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. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse client. Any person who knowingly and willfully requests or obtains any record concerning an individual under false pretenses shall be liable to criminal prosecution and civil damages.**