

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 Additionally, I may give a conditional release for my records, wherein this release is no longer valid if the following listed conditions occur: _____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.