BEHAVIORAL HEALTH SPECIALISTS, INC.
900 West Norfolk Avenue, NORFOLK, NE 68701
PHONE: 402/370-3140 FAX: 402/370-3373

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ _____
(client first name, middle initial, last name) (Date of Birth)

hereby authorize **BEHAVIORAL HEALTH SPECIALISTS, INC.,** and

_____ _____ **Phone:** _____
(Name & Address) (Relationship) **Fax:** _____

to communicate with and disclose to one another the following information in ___verbal ___written ___facsimile form **(initial each category that applies)**:

_____ Intake/Assessment Summary
_____ Psychological Evaluation
_____ Therapy Progress Notes
_____ Case Consultation
_____ Other (specify): _____

_____ Alcohol/Drug Evaluation
_____ Psychiatric Evaluation
_____ Psychiatric Progress Notes
_____ Discharge Summary: _____

The purpose of these disclosures is: _____

- I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.
- I understand that these records could contain information about a substance abuse diagnosis or treatment, AIDS, HIV, Hepatitis, or sexually transmitted disease.
- I understand that disclosure may be made to persons within the criminal justice system which have made participation in this program a condition of the disposition of any criminal proceedings against me or of my parole/probation or other release from custody.
- 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.

This authorization will automatically expire six months post discharge unless otherwise specified:

_____
(Specify the alternative date, event, or condition upon which this consent expires)

I permit a copy of this Consent to be used in place of the original.

Date Signed:_____ _____
Client Signature

_____ _____
Witness Signature Parent, guardian or authorized representative signature

_____
Relationship to client