



1745 S Alma School Rd., #230, Mesa, AZ 85210 Phone: 480-668-8301 Fax: 480-558-3020 www.familystrategies.org

**CONSENT TO EXCHANGE CONFIDENTIAL INFORMATION**

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I hereby authorize and request \_\_\_\_\_ (name of counselor) and the person or facility named below, to exchange confidential information regarding the treatment of the above-named client.

Name/Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

**From the dates of:** \_\_\_\_\_ to \_\_\_\_\_

**Information to be exchanged: (check all that apply)**

- |                                      |                          |
|--------------------------------------|--------------------------|
| _____ complete mental health records | _____ request by client  |
| _____ attendance and dates only      | _____ phone consultation |
| _____ diagnosis & treatment summary  | _____ referral           |
| _____ financial records              | _____ subpoena           |

**Records to be released for the purpose of:** \_\_\_\_\_

I understand that my records are protected under Federal (42 CFR Part 2) and State Confidentiality Regulations. This authorization may be withdrawn at any time in writing except to the extent that the program or person that is to make this disclosure has acted on reliance on it. Authorization will remain in effect for thirty days after I sign and date this form, unless otherwise specified. Upon revocation of consent, further release of information shall cease immediately. File copy is considered equivalent to the original.

This release of information expires in thirty (30) days or will automatically expire on \_\_\_\_\_.

\_\_\_\_\_  
Client Date

\_\_\_\_\_  
Parent/Guardian Date

\_\_\_\_\_  
Witness Date

**Prohibition on Redisclosure**

This information has been disclosed to you from records where confidentiality is protected by Federal law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information to criminally investigate or prosecute any alcohol or drug abuse patient is contained within (42CFR Part 2 applies only to substance abuse records).