

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I _____ authorize HOPE D&A OFFENDER Education

to disclose to _____
(name of person or organization to which disclosure is to be made)

the following information: _____
(nature and amount of information to be disclosed)

The purpose of the disclosure authorized in this is to:

(purpose of disclosure, as specific as possible)

I understand that all Offender Education Programs shall abide by and obtain any consent to disclosure required by applicable Federal and State laws regarding confidentiality of patient /client records including, as applicable and without limitation, 42 United States Code §290dd-2; 42 Code of Federal Regulations, Part 2, and Health and Safety Code, Chapter 611. I understand my records cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically as follows.

(specification of the date, ,event ,or condition upon which this consent expires)

Dated: _____

Signature of Participant

Signature of Parent/Guardian or
Authorized Representative,
where required

