



AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to communication between
Right Direction Services LLC and _____.
(My collaborator)

The purpose and need for the disclosure of confidential information is to discuss with my collaborator (named above) their responses on the client support system interview regarding my substance use history

I understand that this consent will terminate 1 year from the discharge of services provided by Right Direction Services LLC or in other action in which consent was given, whichever is later. I also understand that any disclosure of confidential information is governed by federal regulations to the confidentiality of alcohol and drug abuse patient records (42 C.F.R. Part 2). Those regulations permit recipients of confidential information to re-disclose it only in connection with their official duties.

Client Signature Date Date

Witness Signature Date Date