RELEASE AUTHORIZATION

I,_____ hereby consent to communication between Right Direction Services LLC,

And

_____

(Party you are authorizing release of information to)

AUTHORIZATION FOR RELEASE OF EVALUATION and/or EDUCATION INFORMATION:

I consent to the disclosure of the following information only:

	Evaluation Document
	DSM IV Diagnosis & Recommendations
	Case Notes
	Enrollment Certificate
	Progress Notes
	Certificate of Completion including Scores
	Attitude / Compliance and Behavior
	Discharge Summary

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

_____ _____

Witness Signature Date

* Witness only needed for clients that are minors.