



# ATLANTA INTERVENTION NETWORK

## Consent For The Release Of Information

I, \_\_\_\_\_, hereby authorize Atlanta Intervention Network to release and

(print First, MI, Last Name)

receive the following information:

a. an alcohol and drug evaluation along with recommendations,

b. plus the following (if applicable): \_\_\_\_\_

I understand that this information release will be limited to only information which is necessary for effective case management and/or treatment.

I further understand that I may revoke my consent at any time by delivery of a written notice to Atlanta Intervention Network. It will be effective upon the date the notice is received but will exclude information furnished prior to this date. In the absence of my formal written notice, this consent is revoked automatically on whichever comes first: 6 months from the date below or the completion, release, transfer, or discharge date.

\_\_\_\_\_  
(Client, Representative, or Legal Guardian Signature) Date: \_\_\_\_ / \_\_\_\_ / \_\_\_\_  
(Month Day Year)

Witness Signature: \_\_\_\_\_ Printed Name: \_\_\_\_\_

To: \_\_\_\_\_  
(Title/Position Name (First MI. Last) (Organization)

Address: \_\_\_\_\_  
(Mailing Address) (City) (State) (Zip Code)

Telephone: (\_\_\_\_) (\_\_\_\_) - \_\_\_\_ (\_\_\_\_) (\_\_\_\_) - \_\_\_\_  
(Office) (Fax)

### **TO THE RECIPIENT OF THIS INFORMATION:**

*This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.*



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e-mail: [drdavidclark@bellsouth.net](mailto:drdavidclark@bellsouth.net)

web site: [drdavidclark.com](http://drdavidclark.com) or [atlantainterventionnetwork.com](http://atlantainterventionnetwork.com)