Noted below is a sample consent form. Please consult with appropriate legal counsel prior to utilizing this form. The attached is not intended to represent legal advice.

Sample Consent Form

ADD YOUR LETTERHEAD OR LOGO HERE

I, (Member name) _____,
D.O.B. _____ do hereby consent to and authorize (facility/person/organization)
_____ to *disclose to / obtain from* (circle one):

_____
Name of facility/person/organization

_____
Address

Information pertaining to (check all that apply):
_____ Presence in treatment (including admission & discharge dates)
_____ Diagnosis, brief description of progress and prognosis
_____ Intake and assessment (including medical/psychiatric history)
_____ Psychiatric evaluations/MD Consults
_____ Chemical Dependency Treatment
_____ Treatment/Service Plan
_____ Emergency Contacts
_____ Discharge Summary
_____ Other (Specify) _____
_____ Continuing Care

This Information is *needed / provided* (circle one) for (check all that applies):
_____ The development of a treatment / service plan
_____ Ongoing treatment / continuing care
_____ Insurance or employment
_____ Coordination with family/behavioral health or medical providers
_____ Other (Specify):
_____

I understand that information disclosed above is protected by Federal Regulation 42CFR, Part 2, and cannot be released without my written consent unless otherwise required by law. I understand that I need not consent to the disclosure of information in order to obtain treatment services. I choose to do so willingly and voluntarily for the purposes specified above. The duration of this authorization is no longer than one year unless I specify a date, event or condition upon which it will expire sooner. I understand that I may revoke this consent at any time by notifying _____ in writing, except to the extent that action has been taken in good faith on my consent.

The following items, if present, may be released. (PLEASE INITIAL)

_____ YES _____ NO Alcohol and/or Drug Abuse Information

_____ YES _____ NO HIV elated Information

Member Signature Date

Witness Signature Date

Parent/Guardian/Legal Representative Signature Date

THIS CONSENT WILL AUTOMATICALLY EXPIRE IN ONE YEAR or as specified_____