

First Step Recovery & Wellness Center

210 Gateway, Suite 342 Green Tree Court

Lincoln, NE 68505

(402) 434-2730 (402) 434-3970 FAX

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I Hereby Authorize and Direct That: CLIENT NAME: _____

DATE OF BIRTH: _____

_____ First Step Recovery Center will send information to:

_____ First Step Recovery Center will receive information from: expires: _____

This information is needed for the following purpose: _____

And, such disclosure shall be limited to the following information:

- | | |
|---|---|
| <input type="checkbox"/> Evaluation Report | <input type="checkbox"/> Medical History and Physical |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Social History |
| <input type="checkbox"/> Treatment Plan | <input type="checkbox"/> Progress Notes |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Psychological Testing & Evaluation |
| <input type="checkbox"/> Written & Verbal Communication | <input type="checkbox"/> Legal Record |
| <input type="checkbox"/> Email Communication | |
| <input type="checkbox"/> Other (please specify) | |

I understand that information may include drug or alcohol use or abuse or psychological care or psychiatric care and that this information will not be released to any other agency, individual, or organization for any other purpose without my written consent except as required by Federal or State Law.

I understand I may revoke this consent at any time by sending written notice to First Step Recovery Center. If I do so, I know this release cannot apply to any information that had been released before receipt of my written notice. I also agree that a photo static copy of this release is as valid as the original.

If signed by a person other than the client: My relationship to the client and my authority to consent and direct this authorization is as follows: _____

Client Signature: _____ Date _____

Parent of Guardian Signature (if minor) _____ Date _____

Witness Signature: _____ Date _____