



One Church, One Child
of Florida, Inc.

CONSENT TO RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize

(Name of the Individual)

(Name of Hospital, Agency, or Individual)

(Address)

to release medical, psychiatric, alcohol, and/or drug abuse information

for the purpose of _____
(Specific purpose of disclosure of records)

and/or following:

XXX Treatment Plan

XXX Discharge Summary

XXX Conforming my Status
in the Program

XXX Records of Attendance and
Participation

XXX Continuing Care Plan

XXX Determining my needs for
Additional or Alternative Service

XXX Counselor's Statement of
Progress

XXX Compliance or Non-Compliance
with the Program

XXX Medical Psychological Results and Progress Reports

I understand that this consent is revocable upon written notice to One Church, One Church, One Child of Florida, except to the extent that action by One Church, One Child of Florida has been taken in reliance on this authorization, and that this authorization shall remain in force until _____, in order to effect the purpose for which it is given, alcohol and/or drug abuse information. If present, has been disclosed from records who confidentiality is protected by Federal Law. Federal regulation 42CFR, Part II prohibits making any further disclosure without the specific written authorization of the undersigned, or as otherwise permitted by such regulations.

Signature

Date

Social Security Number

Witness

Date of Birth

Legal Representative