

# FAMILY STRATEGIES

---

## COUNSELING CENTER

1745 S Alma School Rd., #230, Mesa, AZ 85210 Phone: 480-668-8301 Fax: 480-558-3020 www.familystrategies.org

### RELEASE OF CONFIDENTIAL INFORMATION – (ROI)

Client Name \_\_\_\_\_ Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ (Client or Parent/Guardian of Client)

hereby authorize and request that

\_\_\_\_\_ (Counselor or Representative for Family Strategies)

to release confidential information to: (to whom do you want records sent)

Name or Facility \_\_\_\_\_

Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Fax \_\_\_\_\_

From the dates of: \_\_\_\_\_ to \_\_\_\_\_

Information to be exchanged: (check all that apply)

_____ complete mental health records	_____ request by client
_____ attendance and dates only	_____ phone consultation
_____ diagnosis & treatment summary	_____ referral
_____ financial records	_____ subpoena

Records to be released for the purpose of: \_\_\_\_\_

I understand that my records are protected under Federal (42 CFR Part 2) and State Confidentiality Regulations. This authorization may be withdrawn at any time in writing except to the extent that the program or person that is to make this disclosure has acted on reliance on it. Authorization will remain in effect for thirty days after I sign and date this form, unless otherwise specified. Upon revocation of consent, further release of information shall cease immediately. File copy is considered equivalent to the original. This release of information expires in thirty (30) days or will automatically expire on \_\_\_\_\_.

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

#### Prohibition on Redisclosure

This information has been disclosed to you from records where confidentiality is protected by Federal law. Federal regulations (42CFR Part 2) prohibit you from making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information to criminally investigate or prosecute any alcohol or drug abuse patient is contained within (42CFR Part 2 applies only to substance abuse records).