

Unlimited Choices to Recovery

Authorization for Release of Confidential Information

Name: (Last) _____, (First) _____, (M.I.) _____

S.S. #: _____ - _____ - _____ Date of Birth: ____/____/____

I hereby authorize and request:

To provide to/receive from:

Facility: Unlimited Choices to Recovery

Facility: _____

Person: Staff

Person: _____

Address: 301 South Ninth Street Suite #120

Address: _____

Richmond, Texas 77469

City/State/Zip: _____

The following information whether written or oral, may be disclosed (check all that apply):

____ Alcohol/Drug Information ____ Medical History ____ Laboratory Reports

____ Progress Reports ____ Court Stipulations ____ Financial Records

____ Employment History ____ Legal History ____ Class Attendance

____ Class Participation ____ CPS Stipulations ____ Parole/Probation

I understand that I have the right to refuse this authorization. However, I shall be required to sign this authorization form before being provided service by Unlimited Choices to Recovery in order to effectively assist me in meeting my goals of the program. This authorization is valid for a period of no longer than reasonably necessary to serve the purpose for which the consent was given. I understand that I may revoke this authorization at any time by my written notice which must be received by Unlimited Choices to Recovery in a timely manner.

Expiration Date: _____ (up to one year from the date signed and dated)

Signature of Client/Legal Representatives: _____

Date: _____

If I am signing as a parent/guardian/managing conservator of a minor or guardian of the person of an adult, I understand the information disclosed/received may contain information/references to my family or me.

Signature of Witness (Staff/Title): _____

Date: _____

TO THE PARTY RECEIVING THIS INFORMATION: This information has been disclosed to you from records whose confidentiality is protected by federal and state law and any of the above requested information may include results of alcohol/drug (substance) and laboratory results.

REVOCATION OF CONSENT

I, _____ hereby revoke/cancel this authorization for emergency notification, effective this date: _____

Signature of Client/Legal Representatives: _____

Date: _____

Signature of Witness (Staff/Title): _____

Date: _____