



ReDirect Athletics

Phone: 775-870-9589

Email: info@redirectathletics.com

AUTHORIZATION FOR RELEASE OF CLIENT INFORMATION

Client Name: _____ Social Security #: _____ DOB: _____

INFORMATION TO BE RELEASED FROM:

Name/Agency/Facility: _____
Address: _____

INFORMATION TO BE RELEASED TO:

Name/Agency/Facility: _____
Address: _____

PURPOSE OF RELEASE:

Assessment/Evaluation Diagnosis Treatment Referral/Recommendation

Initial One or Both: Written Disclosure _____ Verbal Disclosure _____

Please Check Type of Information to be Released:

Treatment Plan	
Progress Notes/Reports	
Discharge Summary	

Information For Informed Consent

The confidentiality of medical, psychiatric, and substance abuse information is protected by State and Federal statutes, rules, and regulations, including Nevada Revised Statutes and Title 42 of the Code of Federal Regulations. These statutes, rules, and regulations require that the individual give informed consent prior to the release of and health and/or hospital records or information, except as specifically provided for within the statutes, rules, and regulations. Consent to release information will be considered valid only when it states: (1) who will release the information; (2) who will receive the information; (3) the purpose for which the information will be used; (4) what specific information will be released; and (5) when the consent will expire. The consent must contain the signature of the individual/authorized representative and the date of the signature. The authorized representative signing for the client must present a copy of the legal document(s) that grants this authority. The authorization for the release of medical information waives any and all rights that the individual now has or in the future may have to bring legal action against the releasing person/facility/agency for any damages caused directly or indirectly by the release of this information or other confidential information. Upon request, the individual will be given a copy of the completed "Authorization for the Release of Client Information". This authorization is effective immediately and is subject to revocation in writing any time, except to the extent that action had already been taken in reliance thereon. Otherwise this authorization expires _____ days from the date of the signature (but no longer than 365 days) or upon case closure, whichever comes first.

Signature of Client Date

Signature of Parent/Guardian/Authorized Representative Relationship to Client Date