

PATIENT'S ID# \_\_\_\_\_

**Forensic Consultation & Counseling Service, LLC**  
202 N. Main St. Rutland, VT 05701-2411  
Office: 1-866-639-9573 (voice or fax) Email: info@fccsvt.com  
AUTHORIZATION TO USE OR DISCLOSE ALCOHOL, HEALTH, OR DRUG INFORMATION

PATIENT NAME \_\_\_\_\_ PATIENT ADDRESS \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_ PHONE ( ) \_\_\_\_\_

I AUTHORIZE FORENSIC CONSULTATION & COUNSELING SERVICE TO OBTAIN MY HEALTH INFORMATION FROM AND TO RELEASE INFORMATION TO:

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP CODE \_\_\_\_\_

DESCRIPTION OF SPECIFIC RECORD INFORMATION THAT MAY BE RELEASED/REQUESTED (CHECK ALL THAT APPLY):

- \* \_\_\_\_\_ (ASSESSMENT & DIAGNOSIS)
- \* \_\_\_\_\_ (PSYCHOSOCIAL/PSYCHOLOGICAL EVALUATION)
- \* \_\_\_\_\_ (ONGOING TREATMENT)
- \* \_\_\_\_\_ (PLAN OF CARE/PLAN OF CARE REVIEW)
- \* \_\_\_\_\_ (ATTENDANCE/PRESENCE IN TREATMENT)
- \* \_\_\_\_\_ (CURRENT TREATMENT UPDATE)
- \* \_\_\_\_\_ (MEDICAL INFORMATION)
- \* \_\_\_\_\_ (EDUCATIONAL INFORMATION)
- \* \_\_\_\_\_ (DISCHARGE SUMMARY /PLAN)
- \* \_\_\_\_\_ (TREATMENT RECOMMENDATIONS)
- \* \_\_\_\_\_ (DEMOGRAPHIC INFORMATION)
- \* \_\_\_\_\_ (PROGRESS NOTES)
- \* \_\_\_\_\_ (ENTIRE MENTAL HEALTH RECORD)
- \* \_\_\_\_\_ (TESTING RESULTS)
- \* \_\_\_\_\_ (OTHER: SPECIFY)
- \* \_\_\_\_\_ (ER REPORT)

DATES: FROM \_\_\_\_\_ TO \_\_\_\_\_

**PURPOSE OF DISCOURSE:**

I UNDERSTAND THAT MY RECORDS ARE PROTECTED UNDER THE FEDERAL REGULATIONS GOVERNING CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENTS RECORDS, 42 CFR PART 2, AND CANNOT BE DISCLOSED WITHOUT MY WRITTEN CONSENT UNLESS OTHERWISE PROVIDED FOR IN THE REGULATIONS. \* \_\_\_\_\_ (INITIALS FROM CLIENT)

**REVOCAION STATEMENT:**

I UNDERSTAND THAT THIS AUTHORIZATION CAN BE REVOKED IN WRITING AT ANY TIME EXCEPT TO THE EXTENT THAT ACTION HAS BEEN TAKEN IN RELIANCE ON IT, AND THAT IN ANY EVENT THIS CONSENT EXPIRES AUTOMATICALLY ONE YEAR FROM THE DATE SIGNED OR UNLESS STATED \_\_\_\_\_.

SIGNATURE OF CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF STAFF \_\_\_\_\_ DATE \_\_\_\_\_



I HEREBY REVOKE THIS RELEASE EFFECTIVE IMMEDIATELY.

SIGNATURE OF CLIENT \_\_\_\_\_ DATE \_\_\_\_\_

SIGNATURE OF STAFF \_\_\_\_\_ DATE \_\_\_\_\_