Recovery Counseling Center, LLC
7211 Park Heights Avenue, Suite 4
Baltimore, Maryland 21208 443-681-9150
Fax: 1-877-715-7229 Email: office@rccbaltimore.com

RELEASE OF INFORMATION CONSENT FORM

I, _____, DOB _____ authorize the staff of **Recovery Counseling Center, LLC**

to disclose and obtain information from:

_____

Name of Organization/Person(s) Address City State Zip Phone/ fax

_____

Name of Organization/Person(s) Address City State Zip Phone/ fax

Including all of the following information unless otherwise specified:

____ Attendance Report
____ Behavior Programs
____ IEP
____ FBA/BIP
____ Psychological Testing Results
____ Educational Testing Results
____ Vocational Testing Results
____ Case Notes
____ Progress Reports
____ Report Cards
____ Admission Note
____ Psychosocial Assessment
____ Psychiatric Evaluation
____ Discharge Notes
____ Medical Testing
____ Service Plans
____ Lab Test
____ Entire Record
____ Medical Reports
____ Other (specify) _____

The above information will be used for the following purposes (optional):

____Planning Appropriate Treatment or Program
____Continuing Appropriate Treatment or Program
____Determining Eligibility for Benefits or Program
____Other (specify) _____

I understand that I may revoke this consent at any time by providing written notice, and after termination this consent automatically expires. I have been informed what information will be given/received, its purpose, and who will receive the information and I have agreed to this willingly.

Signature of Client/Guardian_____ Date_____

Signature of Staff Member _____ Date_____

PROHIBITION ON REDISCLOSURE

This information has been disclosed to you from the records protected by the Federal Confidentiality Rules (42 CFR Part 2). The Federal rules prohibit you form making any further disclosure of this information unless further disclosure is expressly permitted by written const of the person to who it pertains or as otherwise permitted by 42 CFR Part 1. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any drug or drug abuse patient.