

HARWOOD HOUSE RELEASE OF INFORMATION

I _____ give my consent to _Harwood House to disclose

Information from my client record to _____ for the sole

Requesting organization/person

purpose(s) of: List specific reason the information is being requested.

- Presence in Treatment

I understand that the information will be disclosed only for the purpose noted above and that the information will be limited to the following specific items:

- | | |
|---|---|
| 1 | 3 |
| 2 | 4 |

I understand that I have no obligation to disclose any information from my confidential client record. I understand that my drug and alcohol treatment is protected by Federal Law (42 CFR, part 2) and by State Law. (4Pa, Code 255.5) The information stated above is being released with my permission and of my own free will. I may revoke this consent at any time by notifying the Executive Director verbally or in writing. This release of information will expire at the specific time stated below without revocation. This form has been explained and I fully understand its content and my rights.

Individual Signature _____ Date _____

Staff Signature _____ Date _____

Witness (if needed) _____ Date _____

The above consent shall automatically expire on _____

Individual: I have been offered a copy of this release Yes _____ No _____

HARWOOD HOUSE 9200 WEST CHESTER PIKE UPPER DARBY, PA 19082

REV:12/09