



Authorization for Release of Information
Teen Challenge of Arkansas, Inc

**IF YOU RECEIVE INFORMATION RELEASED WITH THIS FORM THE FOLLOWING
REGULATIONS APPLY TO YOU:**

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

Client Name: _____ Client D.O.B. _____

I _____ hereby authorize Teen Challenge of Arkansas to

Release (specific information requested) Program Status Progress discharge

The purpose or need of this authorization is: _____

The information is to be released to: _____

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, **this release will expire 1 year from the date below**, unless a different date, event or condition is listed here:

Date and/or condition for the date to expire: _____

Student Signature: _____

Date of Signing: _____

Witness Signature: _____

Date of Signing: _____