bison Family Therapy INSTITUTE

CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I/We, _____, hereby consent to the disclosure of the

specific information listed in this document by _____
(name of organization and/or person making disclosure)

to: _____ for the following purpose or need:
(name of person and/or organization to which disclosure is to be made)

_____

_____

_____

The disclosure of the following information is granted: _____

_____

_____

This consent expires in accordance with Federal Confidentiality Regulations (42 CFR Part 2) pertaining to Criminal Justice referrals and functions. I/We make this consent with the guarantee that any written information disclosed under the covenants of this document will be accompanied by a notice which states: (See Note to Recipient of Information below). An oral disclosure may be accompanied or followed by such a notice.

I/We make this consent with the guarantee that any oral disclosure of the information assented to in this Document is followed by written notice described in the preceding paragraph. I/We also understand that this consent is revocable, but unless revoked will remain in force for a period of 60 days or until _____ in order to effectuate the purpose for which it is given.
(specific exp. date or condition)

_____	_____	_____	_____
SIGNATURE OF CLIENT	DATE	SIGNATURE OF CLIENT	DATE
_____	_____	_____	_____
SIGNATURE OF CLIENT	DATE	SIGNATURE OF CLIENT	DATE

_____ _____
SIGNATURE OF COUNSELOR DATE

NOTE TO RECIPIENT OF INFORMATION
"This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose."