**KELLY WEDEVEN**
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**Boise, ID 83706**

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# RELEASE OF INFORMATION - AUTHORIZATION FORM

I, _____, whose date of birth is _____, authorize _____ to disclose to and/or obtain from _____ the following information:

**Description of Information to be Disclosed**
(Patient/Client should initial each item to be disclosed.)

____ Assessment
____ Psychosocial Evaluation
____ Continuing Care Plan
____ Treatment Plan or Summary
____ Current Treatment Update
____ Presence/Participation in Treatment
____ Progress in Treatment
____ Other _____

**Purpose**

The purpose of this disclosure of information is to improve assessment and treatment planning, share information relevant to treatment and when appropriate, coordinate treatment services. If other purpose, please specify:_____
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**Revocation**

I understand that I have a right to revoke this authorization, in writing, at any time by sending written notification to _____Kelly Wedeven_____ at the above address. I further understand that a revocation of the authorization is not effective to the extent that action has been taken in reliance on the authorization.

**Expiration**

Unless sooner revoked, this authorization expires on _____, or as otherwise indicated:
_____

**Form of Disclosure**

Unless you have specifically requested in writing that the disclosure be made in a certain format, we reserve the right to disclose information as permitted by this authorization in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to, verbally, in paper format or electronically.

_____

Signature of Client Date

_____

Signature of Parent, Guardian or Personal Representative Date

_____

Signature of Staff Witness Date

**Redislcosure**

Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of substance abuse treatment information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. Other types of information may be re-disclosed by the recipient of the information in the following circumstances:

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