Authorization for Release of Information: Judicial

Client's name _____ Client's date of birth _____

I authorize that information may be exchanged between the following and Life Recovery Centers:

Type of Contact (Probation, Parole, Case Manager): _____

Contact's Name: _____ Contact's Phone: _____

Contact's Email: _____ Contact's Address: _____

PURPOSE OR NEED FOR SUCH A DISCLOSURE IS: JUDICIAL
This Release of Information allows a representative from Life Recovery Centers to notify the above-mentioned person to coordinate client care to provide the most comprehensive services possible. The exchange of information allows to LRC and the above-mentioned provider to collaborate and understand the client's situation and information more thoroughly, resulting in better-informed treatment and services.

SPECIFIC INFORMATION TO BE RELEASED: The execution of this form authorizes the release of information below**:**

__x__ Name and date of birth
__x__ Clinical progress data
__x__ Service Plan
__x__ Education & Therapy data
__x__ Drug and alcohol use information
__x__ Admission & termination data
__x__ Recommendations
__x__ ReliaTrax system access

This release covers current and previous or other pertinent information related to the above-mentioned client for the purpose of coordinating and continuing care. I understand that if I have authorized the release of drug and / or alcohol information, the federal law (42 CFR, Part 2) protects the confidentiality of this information. I understand the risks to privacy and limitations to confidentiality related to electronic means of information transfer and I accept these.

I certify that this request has been made voluntarily. I understand that I may revoke this release / authorization at any time by written notice to LRC, except to the extent that action has already been taken to comply with it. **Without my written revocation, this release / authorization will expire two years from the date noted by client signature**. I hereby release the above parties from liability that may result from furnishing this information. A copy of this release / authorization may be utilized with the same effectiveness as an original.

_____	_____	_____
Printed Name of Client	Signature	Date
_____	_____	_____
Printed Name of LRC Staff	Signature	Date

NOTICE TO RECIPIENT: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, Part 2). The rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the persons 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.