

**FIRST STEP, INC.
BALTIMORE, MD**

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of client, legal guardian, or authorized representative)

_____ disclosure to/request from
First Step, Inc.
(Name of program making disclosure)

(Name of person/organization to which disclosure is to be made)

the following specific information: _____

(Nature of information)

The purpose of this information is to facilitate and/or coordinate treatment planning.
Approximate dates of treatment: _____

I understand that the information may/will include treatment for mental and/or physical illness, counseling or treatment for drug and/or alcohol abuse, human immunodeficiency syndrome (AIDS) or tests for HIV or AIDS.

I understand that my records are protected as confidential under federal law and cannot be disclosed without my written consent unless otherwise permitted in accordance with federal law and regulations. I also understand that I may revoke this consent at any time except to the extent that action has already been taken on it or under condition expires automatically as described below.

Specific date, event or condition upon which this consent expires (not to exceed one year):

Signature of Client _____ Date _____

Signature of Witness _____ Date _____

Signature of Parent, Guardian
or Legal Representative _____ Date _____

Specified Relationship _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. 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 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.