



RELEASE AUTHORIZATION

I, _____ hereby consent to communication between Right Direction Services LLC,

And

(Party you are authorizing release of information to)

AUTHORIZATION FOR RELEASE OF EVALUATION and/or EDUCATION INFORMATION:

I consent to the disclosure of the following information only:

| | |
|--|--|
| | Evaluation Document |
| | DSM IV Diagnosis & Recommendations |
| | Case Notes |
| | Enrollment Certificate |
| | Progress Notes |
| | Certificate of Completion including Scores |
| | Attitude / Compliance and Behavior |
| | Discharge Summary |

I understand that this consent will terminate 1 year from the discharge of services provided by Right Direction Services LLC or in other action in which consent was given, whichever is later.

I also understand that any disclosure of confidential information is governed by federal regulations to the confidentiality of alcohol and drug abuse patient records (42 C.F.R. Part 2). Those regulations permit recipients of confidential information to re-disclose it only in connection with their official duties.

Client Signature

Date

Witness Signature

Date

* Witness only needed for clients that are minors.