



707 Whitlock Ave Suite G6
Marietta, GA 30064

2487 Cedarcrest Rd Suite 724
Acworth, GA 30101

200 Glen Eagles Court, Suite, 14B
Carrollton, Georgia 30117

199 Armour Drive NE Suite E
Atlanta, GA 30324

Phone: (470)338-3488 Fax: (678) 581-0146

Psychotherapy, Employee Assistance, Educational Consulting, Disability Services & Advocacy

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I _____, authorize (Name & Title of Person/Designation of Program) _____ to disclose to (Name/Title of Person or Organization) _____

The following information:

The purpose of the disclosure authorized by this Release is to: (Purpose of Disclosure, as specific as possible)

I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that, in any event, this consent expires automatically as follows. (Specific date, event, or condition upon which this consent expires)

(Signature of Patient or Guardian)

Date