

**RECOVERY INNOVATIONS, Inc.**  
**Consent to Release Confidential Information**

I, \_\_\_\_\_ (SS #: \_\_\_\_\_),  
hereby grant permission for Recovery Innovations, Inc. (RI) to release information to:

\_\_\_\_\_  
(list the name of the person or organization)

The specific information I am requesting to be released includes (please initial next to the information that you would like released):

_____ All assessments	_____ All urine test results	_____ Treatment Plan
_____ Discharge Summary	_____ Demographic Data	_____ Legal history
_____ Dates of Treatment	_____ Attendance Record	_____ Psychiatric Records
_____ Other: _____		

\_\_\_\_\_  
(please be as specific as possible)

I understand that all of the information authorized above may be transmitted from Recovery Innovations via the **regular mail, electronically, by facsimile, or telephonically**:

The reason that I am asking for this information to be released is: \_\_\_\_\_

This information may be given **as needed**. I understand that this consent can be revoked at any time, in writing, except to the extent that action has been taken in reliance thereon. Otherwise, this consent will expire **one year after discharge from treatment, or one year from the date signed below (whichever is later)**.

Federal regulations (42 CFR – Part 2) prohibit disclosing information mentioned in this release for any other purpose than intended without the specific written consent of the person to whom it pertains, or as otherwise permitted in such regulations. A General Authorization for the release of medical or other information is NOT sufficient for this purpose. This consent has been given freely and voluntarily.

I understand that treatment services are not dependent upon my decision concerning the release of this information. The benefits and disadvantages of having this information released have been explained to me in clear, understandable language. My signature below indicates that I have read, understand, and agree to the contents of this consent form, and that I have been offered a copy of this document.

Client: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_