

**FIREHOUSE SERVICE COORDINATION PROGRAM
RELEASE OF INFORMATION**

Resident Name (First, Middle, Maiden, Last) _____

Date of Birth _____

I presently reside at (address): _____

I authorize the service coordinator to disclose the following information:

To the following person or organization: _____

The purpose of this disclosure is to: _____

Information obtained by the service coordinator will be maintained as confidential and released only to those who have a need to know such information, as required by law, or as provided in the Release. The service coordinator shall adhere to all applicable laws, regulations, or professional license requirements

I understand that I may revoke this Consent to Release of Information at any time by providing written or verbal notice of the revocation to the service coordinator. This revocation will not apply to information that has been previously released or action that has been taken in accordance with, and in reliance upon, this consent.

This consent (unless expressly revoked earlier) expires 180 days from the date indicated below.

Health information disclosed pursuant to this consent may be subject to re-disclosure and would no longer be protected by 45 CFR Parts 160 and 164 unless applicable state law prohibits re-disclosure of the information. Federal law prohibits re-disclosure of substance abuse treatment information to any person without the written authorization in accordance with 42 CFR Part 2.

Signature of Resident _____ Date _____

Signature of Guardian, if applicable _____ Date _____

Relationship to Resident _____

Signature of Service Coordinator _____ Date _____