

Timberlane Regional School District	Procedure Code: JICH-X
Approved: 06-06-91 Revised: 02-24-05	Page 1 of 1

**DRUG OR ALCOHOL TREATMENT RECORDS
 CONSENT FOR RELEASE of CONFIDENTIAL INFORMATION**

1. I _____ Request _____ Authorize
 (Name of Patient)
2. _____
 (Name of general designation of program which is to make the disclosure)
3. _____
 To disclosure: (Kind and amount of information to be disclosed)
4. _____
 To: (Name or title of the person or organization to which disclosure is to be made)
5. _____
 For (purpose of disclosure)
6. _____
 Date (on which this consent is signed)
7. _____
 Signature of Patient
8. _____
 Signature of Parent or Guardian (where required)
9. _____
 Signature of person authorized to sign in lieu of the patient (where required)
10. _____
 This consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon:

 (Specific date, event, or condition)