

BOULDER ALCOHOL EDUCATION CENTER
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License #: 1111-00 DRS #: 0224

RELEASE OF INFORMATION AUTHORIZATION FORM

(Print name)

I hereby authorize BAEC to release and receive information described below to:

(Name of program receiving or releasing information)

This consent is valid for no longer than the period of time necessary to carry out the stated purpose of the request for information. The consent may be revoked at any time by myself unless I am participating in the program as a condition of probation, parole, or release from confinement, in which case the consent cannot be revoked until there is a termination or revocation of release from confinement, probation, or parole.

Specific type of information to be disclosed is:

For the purpose of:

Individual

Date

Witness

Date

Would you like a copy of this form? Yes No

NOTE TO RECIPIENT: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations 42CFR Part 2 prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations; a general authorization for the release of medical or other information is NOT sufficient for this purpose.