

**INTERAGENCY CONSENT TO RELEASE CONFIDENTIAL INFORMATION FOR  
ALCOHOL AND DRUG PATIENTS/YOUTH**

I, \_\_\_\_\_, OF \_\_\_\_\_  
*(Name of Youth/Client) (Address) (Date of Birth)*

Authorize \_\_\_\_\_ to disclose to  
*(Custodian of Information)*

\_\_\_\_\_  
*(Name, title, and organization to whom disclosure is to be made)*

the following information: \_\_\_\_\_  
*(Specific information to be disclosed)*

For the purpose of: \_\_\_\_\_

I understand that my records are protected under Federal and State confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the laws and regulations. I also understand that I **may revoke (or cancel) 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 automatically expires as described below:

\_\_\_\_\_  
*(Date, event, or condition upon which this consent will expire)*

I further acknowledge that the information to be released was fully explained to me and that this consent is given of my own free will.

Executed this, the \_\_\_\_\_ day of \_\_\_\_\_, 2020

This consent  includes  does not include information placed on my records after the above date.

\_\_\_\_\_  
*(Signature of patient/youth)*

\_\_\_\_\_  
*(Signature of parent/guardian, where required)*

\_\_\_\_\_  
*(Signature of person authorized to sign in lieu of parent)*

NOTE WHERE INFORMATION ACCOMPANIES THIS DISCLOSURE FORM: This information has been disclosed to you from records protected by Federal Confidentiality of Alcohol or Drug Abuse Patient Records rules (42 CFR Part 2.) **The Federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.**