

SERENITY IN MOTION RELEASE OF INFORMATION

		athorize Serenity in Motion, located
at 501 East Front Street, Su	ite 513, Butte, MT 59701 (phone:	406-565-5154), to:
[] Disclose information to	[] Receive information from	[] Exchange information with
Name(s):	Phone #	# :
Name or Agency Name:		
Address:		
(street)	(city)	(state) (zip)
D. II		
Regarding:(Client Na	Vame – please print) Client Phone:	
(Chent IV	ine picase print)	
Client Address:		
(street)	(city)	(state) (zip)
Client DOB:	Client SS#:	
Relationship to client is:		
[] Self	[] Parent/Legal Guardian	[] Other (specify)
The information to be discle	osed is:	
[] All testing results [] Al	l reports [] All treatment records	[] All records [] Other (specify)
The purpose of this disclosu [] Further treatment	re is for: [] Case/file review/upo	late [] Other (specify)



This consent is effective on	and expires on		
	mm/dd/yyyy	mm/dd/yyyy	
I understand that I may revoke the organization making this disclose		giving written notice to the person or	
Client Signature		mm/dd/yyyy	
Parent/Guardian Signature (if cl	ient is a minor)	mm/dd/yyyy	
Representatitve of Serenity in M	lotion, LLC	mm/dd/yyyy	

NOTICE: I understand that this information may be protected by Title 42 (Code of Federal Rules of Privacy of Individually Identifiable Health Information, Parts 160 and 164) and Title 45 (Federal Rules of Confidentiality of Alcohol and Drug Abuse Patient Records, Chapter 1, Part 2), plus applicable state laws. I further understand that the information disclosed to the recipient may not be protected under these guidelines if they are not a health care provider covered by state or federal rules. These regulations prohibit Serenity in Motion, LLC or the above person, organization, or agency from making any further disclosure of this information without prior written consent.