

## Consent to Release of Information under the Title 42 Part 2 Code of Federal Regulations

Name of Patient \_\_\_\_\_

Authorize (which clinician) \_\_\_\_\_

To Disclose (what type of information and what amount of information to be disclosed)

\_\_\_\_\_

To (Name and title of the individual or organization to which disclosure to be made)

\_\_\_\_\_

For (purpose of disclosure)

\_\_\_\_\_

Date (on which date, this consent is signed) \_\_\_\_\_

Signature \_\_\_\_\_

This consent is subject to revocation at any time, except to the extent that the program which is to make the disclosure has already acted in reliance on it.

This information has been disclosed to you from records protected by the Federal Confidentiality rules (Title 42, Part 2, code of federal Regulations {42CFR Part 2}. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the individual to whom it pertains or otherwise permitted by 42 CFR Part 2.