

CONSENT FOR RELEASE

Counseling NV
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CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
Telisa Marquez MA, CPCi to disclose to:

The following information:

The Purpose of the disclosure authorized herein is to inform the above person at the previously mentioned organization of the information listed above on an ongoing basis throughout my enrollment in the program, to comply with a court order or assist in my defense.

I understand that my records are protected under Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke 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 expires automatically as follows:

One Year after completion or default.

Client Signature

Date

Parent-Guardian Signature

Date

