



Cornerstone Recovery Coaching

Assessment and Case Management for
Substance Abuse & Anger Management

CONSENT TO RELEASE CONFIDENTIAL INFORMATION FORM

Your First Name _____ M.I., _____ Last Name: _____

Driver's License# _____ Date of Birth _____

Case#: (if applicable) _____

I, the undersigned, hereby authorize Cornerstone Recovery Coaching to request of, and/or release to:

Name of Person or Agency: _____

Fax Number Address of Person or Agency: _____

Email Address of Person or Agency: _____

Phone number of Person or Agency: _____

The following information related to: Alcohol / Drug Evaluation, Diagnosis and Recommendations, Driving Records, DUI / DWI or similar.

This information is necessary for: Diagnosis, Recommendations, and Treatment and/or Legal Purposes Information collateral to the Alcohol / Drug Evaluation / and Associated Case Management.

This information may be communicated orally, in writing, and electronically and this Release of Confidential Information remains in effect for one (1) year from the signature date. A photocopy, fax or electronically reproduced copy of this Release of Confidential Information shall be as effective as the original.

The client acknowledges by his/her signature that he/she understands that he/she has the right to refuse to sign this Release. The client further acknowledges understanding that this Release of Confidential Information remains in effect until the above time limit unless specifically revoked by written notice to:

Date:

Signature of Client, Parent, Guardian or Representative, if required

This information has been disclosed to you from records protected by Federal Confidentiality rules 42 CFR 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 person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

*Thank you / Cornerstone Recovery Coaching / Main Offices;
200 Locust St. Loda, IL 60948 and 13602 Oak Mdw Universal City, TX 78148
DHS Approved Provider # no-29696-il / 1800-561-8085 / Fax: 1888-835-5427*