



**Cornerstone Recovery Coaching**  
*Assessment and Case Management for  
Substance Abuse and Anger Management*

Your First Name, \_\_\_\_\_ M.I., \_\_\_\_\_ Last Name: \_\_\_\_\_

Last 4 of social security# \_\_\_\_\_ Date of birth \_\_\_\_\_

Case#: (if applicable) \_\_\_\_\_

I, the undersigned, hereby authorize Cornerstone Recovery Coaching to release any and all of my documentation and/or other info regarding my Anger Management Assessment and/or classes

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: Anger Management Evaluation / Assessment

This information is necessary for: Diagnosis, Recommendations, and Treatment and/or Legal Purposes - Information collateral to the Anger Management or 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 one year from the date signed unless specifically revoked by written notice to Cornerstone Recovery Coaching at the address below.

\_\_\_\_\_  
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.

*Cornerstone Recovery Coaching / Main Office: PO 13602 blversaCityTX  
78148 Customer Service: 1800-561-8085 / Fax: 1888-835-5427  
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