

Dekle & Associates, LLC
 1170 Old Henderson Rd, Suite 207
 Columbus, Ohio 43220
 Phone: (614) 348-8774
 Fax: (614) 846-6521

Date: _____

I,	(Name and D.O.B.)
----	-------------------

do hereby grant permission for Dekle & Associates, LLC to receive/release/exchange (please circle the appropriate response) information relating to my care with or to the following:

Name/Agency:

I understand that if there is information regarding alcohol or drug abuse, this information will be released unless indicated otherwise. I further understand that this authorization is limited, and does not allow further release by the requesting party. The purpose for the release of information is: _____

I specify that this release is to include the following: (please check box appropriately)

	Diagnostic Assessment/ Biopsychosocial Clinical Interview		Discharge Summary
	Psychological Testing Reports		Progress Notes
	Psychiatric Assessment		Other (specify):

I understand that I may revoke my consent to release this information at anytime, except to the extent that action has been taken to release information prior to the revocation of my consent.

Expiration date for this authorization is the day of discharge from treatment with Dekle & Associates (unless otherwise specified): _____

 Client signature Date

 Guardian/Parent who has the authority to give consent for the minor. Date

 Witness Signature Date

*If information to be released is in reference to a minor, a parent/guardian must sign the release.
 *Confidentiality of chemically dependent client.
 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 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient. 42 CFR 2.32.