

**CONSENT TO RELEASE OF INFORMATION TO THE DEPARTMENT OF HUMAN SERVICES, BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION**

I, \_\_\_\_\_, hereby give my permission to \_\_\_\_\_, to give the following information

(1) Name of applicant/recipient/legal guardian

(2) Individual/agency or organization

in their records about  me and/or  my family and/or  my ward [check as appropriate] to the DEPARTMENT OF HUMAN SERVICES, BENEFIT, EMPLOYMENT AND SUPPORT SERVICES DIVISION.

The information to be reviewed/released is limited to the following:

(3) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This information is to be used for \_\_\_\_\_ (4) State purpose

(5) Check one of the following:

This consent is good until \_\_\_\_\_ (not to exceed 90 days from date signed); OR  
(6)(mm/dd/yy)

FOR RESIDENTS OF DRUG AND ALCOHOLIC TREATMENT CENTERS:

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. 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 one year from the date on which I sign this consent.

I further understand that the purpose of the disclosure authorized herein is to enable the service providers to facilitate assessment and treatment. I authorize the DHS to redisclose the information to the following service provider:

1. \_\_\_\_\_  
\_\_\_\_\_

(7) Signature of applicant/recipient/legal guardian

Date

(8) Address of applicant/recipient

Social Security No., or Birthdate of Applicant/Recipient