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AUTHORIZATION FOR RELEASE OF INFORMATION

Client Name: _____ Client DOB: _____ Client ID _____

I hereby request and authorize A NEW AWAKENING RIO RANCHO: _____ release to _____ obtain from:

The following information: *(must initial all that apply)*

- | | |
|--|---|
| <input type="checkbox"/> Intake Assessment | <input type="checkbox"/> Treatment Plan/ Treatment Plan Reviews |
| <input type="checkbox"/> Diagnosis | <input type="checkbox"/> Treatment Summary/Progress |
| <input type="checkbox"/> Mental Health Evaluation | <input type="checkbox"/> Attendance/Participation in Sessions |
| <input type="checkbox"/> Substance Abuse Evaluation | <input type="checkbox"/> Educational Information |
| <input type="checkbox"/> Psychological Evaluation | <input type="checkbox"/> Medical Information |
| <input type="checkbox"/> Psychiatric Evaluation | <input type="checkbox"/> Toxicological Reports/Drug Screens |
| <input type="checkbox"/> Medication Management Info. | <input type="checkbox"/> Transfer/Discharge Information |
| <input type="checkbox"/> Appointment Dates/Times | <input type="checkbox"/> Other: _____ |

Purpose:

- The purpose of this authorization is to aid in collaboration and coordination of services.
 Other: _____

I understand that I have the right to refuse to sign this Authorization or to revoke my consent in writing at any time. I further understand the revocation will not apply to information that has already been released in response to this Authorization.

Client or Guardian Name (Print) _____ Client or Guardian Signature _____ Date _____

Counselor Name (Print) _____ Counselor Signature _____ Date _____

_____ Staff member initial here if client/guardian refuses to sign Authorization.

Expiration: Unless revoked, this authorization expires one year from the date signed.

PROHIBITION ON REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected. Any further disclosure is strictly prohibited unless the person provides specific written consent for the subsequent disclosure of this information. State Law requires that any person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public records law.

CLIENT ID _____