



1207 Golf Course Rd. Suite C, Rio Rancho, NM 87124 505-994-4100 (fax) 505-994-1229
 3321-B Candelaria NE Albuquerque, NM 87109 505-881-2793 (fax) 844-876-6762
 anarr@rioawakening.com

AUTHORIZATION FOR RELEASE OF INFORMATION

I _____ Date of Birth _____ **authorize**
 A NEW AWAKENING RIO RANCHO to communicate to and/or exchange verbal, written or image information in person or
 via electronic means with the following

ORGANIZATION/RELATIONSHIP: _____
 (e.g., County Probation/Parole, CYFD, Spouse, Family, Emergency Contact, Attorney, Doctor, Referral)

The current **PERSON** of contact is: _____

Phone/Email: _____ Fax: _____

NOTE: If person of contact changes in identified organization, this ROI will remain in effect and new POC and contact information
 will be changed accordingly. The following information may be discussed or transmitted: **(INITIAL ALL THAT APPLY)**

- | | |
|---|--|
| _____ Intake Biopsychosocial | _____ Educational Information |
| _____ Assessments, Evaluations & Screeners | _____ Medical Information |
| _____ Diagnosis | _____ Medication Management Information |
| _____ Treatment Plan / Treatment Plan Reviews | _____ Toxicological Reports/Drug Screens |
| _____ Treatment Summary / Progress | _____ 3 rd Party Information |
| _____ Attendance / Participation in Sessions | _____ Other: _____ |
| _____ Appointment Dates / Times | _____ Other: _____ |
| _____ Transfer / Discharge Information | _____ Other: _____ |

I understand the purpose of this authorization is to aid in the collaboration, coordination, acknowledgement, and receipt of
 services. I have the right to refuse to sign this Authorization or to revoke my consent in writing at any time. I further
 understand that revocation will not apply to information that has already been released in response to this Authorization.

_____/_____/_____
 Client/Guardian Print Name / Client/Guardian Signature / Date

_____/_____/_____
 Witness Print Name / Witness Signature / Date

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

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

I _____ revoke this ROI _____
 (Client Name) Effective Date

 Signature of Client/Guardian

 Signature of Witness

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