



CENTER FOR BEHAVIORIAL HEALTH, LLC  
COLUMBIA ADDICTIONS CENTER

5570 Sterrett Place, Suite 205, Columbia, MD 21044  
Tele: 410.730.1333 Fax: 410.730.1559 Email: cac@columbiaaddictions.com

**Consent for the Release of Confidential Information**

(Circle One: Spouse, Parent, Attorney, Probation Officer, Counselor, Physician, Other/Please State)

**PLEASE ENTER ONLY ONE NAME ABOVE; A SEPARATE FORM MUST BE COMPLETED FOR EACH PERSON TO WHOM YOU ARE ALLOWING INFORMATION TO BE RELEASED**

**FULL RELEASE**

I authorize Columbia Addictions Center to release information to, and to obtain information from, the person or organization I have written above.

-OR-

**LIMITED RELEASE**

I authorize Columbia Addictions Center to release *only* the following information to the person or organization I have written above:

- \_\_\_\_\_ Appointment Dates/Times
- \_\_\_\_\_ Account Balance
- \_\_\_\_\_ Initial Evaluation
- \_\_\_\_\_ Progress, Attendance, Completion and Discharge Reports
- \_\_\_\_\_ Urinalysis or Breathalyzer Results

Signed by: \_\_\_\_\_  
Signature of Patient or Legal Guardian      Relationship to Patient

\_\_\_\_\_  
Print Patient's Name      Date

This authorization will be valid for one year unless I otherwise specify.

When my information is used or disclosed pursuant to this authorization, it may be subject to re-disclosure by the recipient and may no longer be protected by the federal HIPAA Privacy Rule.

I have the right to revoke this authorization in writing except to the extent that the practice has acted in reliance upon this authorization.