



Release Authorization

I, _____ hereby consent to communication between Right Direction Services LLC, And

(Party you are authorizing release of information to)

I would like this information sent via Fax Email Mail (check all that apply)

Contact information to fulfill request:

Fax Number (_____) _____ Email: _____

Mailing Address: _____

**Release form must be filled out with pertinent contact information

AUTHORIZATION FOR RELEASE OF **EDUCATION AND/OR EVALUATION INFORMATION:**

I consent to the disclosure of the following information only:

Number of Class Hours Completed

Name of Class Completed

Passing Score

Attitude/Compliance and Behavior

Evaluation Information & Diagnosis

I understand that this consent will terminate 1 year from the discharge of services provided by Right Direction Services LLC or in other action in which consent was given, whichever is later.

I also understand that any disclosure of confidential information is governed by federal regulations to the confidentiality of alcohol and drug abuse patient records (42 C.F.R. Part 2). Those regulations permit recipients of confidential information to re-disclose it only in connection with their official duties.

Client Signature Date

Witness Signature (only needed for minor) Date