

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Client Name: _____

I do hereby authorize Michele O'Mara and Associates to disclose to:

the following information _____

for the purpose of _____

I understand that my records are protected under the Federal Civilian Employment Alcoholism and Drug Abuse Confidentiality of Records (42CFR Part 2) and if a Federal Government employee, the Privacy Act of 1974. I understand that information about me cannot be disclosed without my written consent unless otherwise provided for 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 this informed consent. I understand that even if I do not withdraw the consent that this statement of consent shall automatically expire on:

(Specify Date and Circumstances Under Which Consent Will Expire)

Signed on the _____ day of _____, _____.
Date Month Year

MICHELE O'MARA, LCSW

CLIENT SIGNATURE

PARENT/GUARDIAN SIGNATURE