



# Arizona Behavioral Counseling & Education, Inc.

## AUTHORIZATION FOR RELEASE OF INFORMATION

I authorize Arizona Behavioral Counseling to exchange information about my name, address, phone number, reason for referral, program participation, progress report and compliance status with the entity below:

---

Agency Name

---

Agency Mailing Address

---

City

State

Zip Code

---

Daytime Telephone Number

---

Fax Number

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and cannot be disclosed without my written consent, unless otherwise provided for in 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 it, otherwise this consent expires automatically in one year from today's date.

---

Client Name (Print Legibly)

---

Date of Birth

---

Client Signature

---

Today's Date

---

Mailing Address

City

State

Zip code

---

Daytime Telephone Number

---

Cell Phone