

**OAKMONT CENTER  
CLIENT INFORMATION RELEASE AUTHORIZATION FOR OAKMONT**

I, \_\_\_\_\_, hereby authorize Oakmont Center to release to

\_\_\_\_\_  
Contact Person(s)

\_\_\_\_\_  
Phone #(s)

\_\_\_\_\_  
Agency(ies)

The following information \_\_\_\_\_  
\_\_\_\_\_

I understand that the purpose of and need for the disclosure is to inform the agency(ies) and specific individuals listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance, my cooperation, and prognosis while in the treatment program.

Although this consent may be ended at any time by the client, it will not cancel any action that has already been taken. It is also understood that the duration of this consent will not be longer than necessary to complete the activities or the purpose for which it is given. Thus, it expires \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Month

Day

Year

\_\_\_\_\_  
Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor

\_\_\_\_\_  
Date

**NOTE TO PARTY RECEIVING INFORMATION:** This information has been disclosed to you from records whose confidentiality is protected by federal law which prohibits you from making any future disclosure of information without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. (This form meets the requirements of Federal Regulation 42 CFR, Part 2.)