

Appalachian Teen Challenge, Inc.
Training Center

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby authorize Appalachian Teen Challenge, Inc., hereafter known as ATCI, to release all information from my case records, as well as any other materials, documents, or information pertaining to me, in the custody, command or control of ATCI to the following individuals:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I also authorize ATCI to discuss any of the contents of my records (including drug or alcohol abuse information and results of any HIV test) with the above named individuals and/or their duly authorized agents.

I further authorize ATCI to release to ANY INDIVIDUAL, NOT NECESSARILY LISTED ABOVE, any information regarding my past, present, or future enrollment, participation in, or release from any program or related activity provided by ATCI.

This authorization is not restricted to time and includes any and all records incurred throughout my lifetime IN THEIR ENTIRETY.

I understand that my records are protected under state and federal laws and regulations and cannot be discussed without my written consent unless otherwise provided by law. I hereby authorize a photocopy of my consent to be valid as an original. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it.

Signature _____ Date _____

Printed name _____

Witness _____ Date _____

Printed name of witness _____ Relationship _____

Notary name: _____ Commission # _____

Commission expires: _____ Jurisdiction: _____