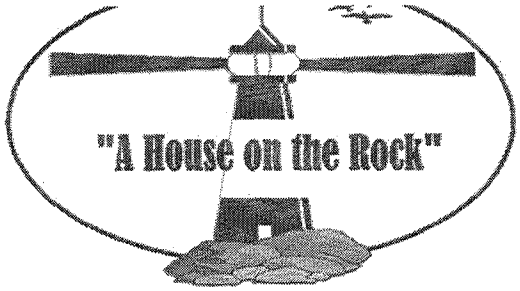

"HOPE WITHOUT HYPE, GUIDANCE WITHOUT JUDGMENT"

STRONGHOLD COUNSELING SERVICES, INC.

Client Name: _____ Birthdate: _____

CONSENT TO RELEASE MENTAL HEALTH, ALCOHOL AND DRUG ABUSE, AND/OR MEDICAL PATIENT RECORDS AND INFORMATION
Fill in all the blanks below

1. I authorize disclosure of records/information about the above-named client between:

Stronghold Counseling Services, Inc.	and	Name _____
4300 S Louise Ave, Suite 201		Address _____
Sioux Falls, South Dakota, 57106		City, State, Zip _____
Phone: (605) 334-7713		Phone _____
Fax: (605) 334-5348		Fax _____

2. I authorize Stronghold Counseling Services, Inc. to release to, and/or request and receive from the about person(s)/agency the following information as described below (check as many as apply):

Information	To Be Released by Stronghold	Requested by Stronghold
Medical History	_____	_____
Billing Information	_____	_____
Social History assessment	_____	_____
Chemical history assessment	_____	_____
Psychological evaluation	_____	_____
Aftercare planning	_____	_____
Change in condition or status	_____	_____
Discharge Transfer Summary	_____	_____
Limited Report	_____	_____
Progress Reports	_____	_____
Other (specify)	_____	_____

Time Period requested: All _____ or Dates requested: _____ through _____

3. This protected health information is being used or disclosed for the following purposes: _____
_____
❑ The patient has requested this information be used and disclosed but does not wish to specify the purpose.
4. This authorization will expire (insert date or event) _____. I understand I may revoke this consent at any time except to the extent that action has been taken in reliance on it by sending written notification to **Clinical Director at the above address**. I understand this communication will reveal my presence as a client at a treatment facility.
I understand that if I refuse to sign this authorization I may not be eligible for or receive research-related treatment or treatment that I have requested fro the purpose of disclosure to others.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

Information sent : _____ Date: _____