Authorization for Release of Information: Counselor/Therapist/Clinician

Client Name:___________________________________ Date of Birth: ____________________________

Parent/Guardian Name if client is a minor: ____

I, __________________________________, on behalf of _______________________________ hereby authorize Big Brothers Big Sisters of Franklin County to obtain information from all listed clinicians I have seen in the past year for the purpose of determining safety and appropriateness for BBBSFC mentoring programs:

1. ____

Clinician name Phone number City/State

2. ____

Clinician name Phone number City/State

Information that may be disclosed regarding the above client is as follows: (initial one)

____ All information from the provider, including mental health or psychiatric information.

____ All information, **excluding** the following information:

_____ Specific information, **including only:**

Drug/Alcohol/HIV/AIDS consent: (initial one)

_____ I understand that records may contain information about drug or alcohol use and/or information relating to AIDS or HIV status and give my consent to this.

____ I DO NOT consent for information about drug or alcohol use and/or information relating to AIDS or HIV status to be disclosed.

This authorization will expire one (1) year from the date listed and allows either written and/or verbal exchange of this information.

I understand that I may revoke this authorization at any time, provided that I do so in writing to Big Brothers Big Sisters of Franklin County, P.O. Box 100 Greenfield, MA 01302 (413) 772-0915, except to the extent that action has been taken in reliance upon it.

I understand that BBBS cannot guarantee that the recipient will not disclose my information to a third party. However, if the information contains alcohol or drug treatment information, the recipient is prohibited from making any further disclosure under federal law governing confidentiality of alcohol and substance abuse records.

____ ___________________________

Name of Client or Parent/Guardian Representative Date

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Signature