

Melinda Goodman, Ph.D.
207 Key Highway
Baltimore, Maryland 21230
(352) 359-3227

CONSENT OF RELEASE OF CONFIDENTIAL INFORMATION

I, _____ (name of patient) hereby authorize Melinda Goodman, Ph.D. to disclose, exchange, or release information with:

the following specific information: _____

for the purpose of: _____

I have been informed of the type of information being released; the benefits and disadvantages (if any); and I understand the treatment services are not contingent upon my decision concerning the signing of this release. I understand that my records are protected as confidential under Federal law and regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken on (e.g., probation, parole, etc.), and that in any event this consent automatically expires as described below.

Specification of the date, event, or condition upon which this consent expires:

This consent is executed on _____ (date) _____

Signature of patient

Prohibition of Redisclosure: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Par. 2). The Fed rules prohibit you from making any further disclosure of this information and thus further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise provided by 42 CFR Par. 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.