

**AUTHORIZATION FORM FOR RELEASE OF RECORDS  
REGARDING DRUG AND/OR ALCOHOL TREATMENT**

I, \_\_\_\_\_, authorize \_\_\_\_\_,  
(Student name) (Specify clinician or facility)

To release the following information: (list kind and amount of information to be disclosed for a particular time period) \_\_\_\_\_  
\_\_\_\_\_.

To (name of person or organization): \_\_\_\_\_

For the purpose of: \_\_\_\_\_  
\_\_\_\_\_.

I am not giving permission for any disclosure or redisclosure of this information other than specified above. I also request that my consent become invalid after \_\_\_\_ days from the date I sign this form.

I understand that I may revoke this authorization at any time, unless action pursuant to this authorization has already been taken.

<b>Student:</b> _____ Date of Signature:     ___/___/___ Patient's Date of Birth:     ___/___/___	<b>WITNESS:</b> _____ Date of Signature:     ___/___/___
<b>If Applicable: SIGNATURE OF PARENT, GUARDIAN OR AUTHORIZED AGENT OF Student:</b> _____ Address: _____ Date of Signature:     ___/___/___	

**PROHIBITION ON REDISCLOSURE OF INFORMATION**

Each disclosure made with the student's written consent must be accompanied by the following written statement: (See Sec. 2.32 of 42 C.F.R. Part 2).

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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