Leslie B. Whiting, LPC M.Ed. **Whiting Counseling** 480-962-4357
1166 E. Warner Rd #101-A Gilbert, AZ 85296

Consent to Exchange Confidential Information

Client Name: ____

SSN________________________________ Date of Birth_________________________________

I hereby authorize and request that Leslie B. Whiting M.Ed. LPC, and:

Name/Facility: ____

Address: ____

City, State, Zip: ____

Phone: _____________________ Fax: ______________________

To exchange confidential information regarding the treatment of the above-named client from the dates of
__________________ to _________________________

Information to be exchanged:	Reason for Exchange:
____ Complete mental health records	_____ Requested by client
____ Attendance and dates only	_____Phone Consultation
____Diagnosis & Treatment Summary	_____Referral _____ Subpoena

I understand that my records are protected under Federal (42CFR Part2) and State Confidentiality Regulations. This authorization may be withdrawn at any time in writing except to the extent that the program or person that is to make this disclosure has acted on reliance on it. Authorization will remain in effect for thirty days after I sign and date this form, unless otherwise specified. Upon revocation of consent, further release of information shall cease immediately. File copy is considered equivalent to the original. This release of information expires thirty days or will automatically expire on ___________.

____ ______________________________
Client Signature Date

____ ______________________________
Parent/Guardian Signature Date

____ ______________________________
Witness Date

Prohibition on Redisclosure:

This information has been disclosed to you from records where confidentiality is protected by Federal law. Federal regulations (42CFR Part2) prohibit you from making any further disclosure without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information to criminally investigate or prosecute any alcohol or drug abuse patient is contained within (42CFR Part2 applies only to substance abuse records)