## Jan Stone, M.A., L.P.C.C., NCC 3900 Juan Tabo NE, 21, Albuquerque, NM 87111 (505) 610-9214, Fax (505) 298-3939 RELEASE OF INFORMATION

		DBTAIN the information desi				one, M.	A., L.P.C	.C., to		
		, \$\$#	_			/	/	_		
TO	FROM	the following organization/	'individ	ual:						
Name of I	ndividu	al or Facility/Organization		Add	ress			_		
City		State	Z	ip.		Ph	none Nur	mber		
The inform	nation w	vill be used for the following	purpo:	se(s)						
Release o	f inform	ation is authorized for:								
Yes	_Yes No Acquired immunodeficiency syndrome (AIDS) or human									
immunodeficiency virus (HIV) or other sexually t  Yes No Treatment for substance abuse, excluding prog							gress/session notes.			
Yes	'es No Mental/behavioral health records excluding progress/session notes.									
has alread expire on	dy beer /	this consent may be revoken taken in reliance hereon/ I also underso be disclosed, unless deem	If not restand th	evoked nat I ha	sooner in w ve the right	riting, t to exar	his conse	ent will d copy		
Patient Signature					/ Date					
Guardian/Legal Representative Signature					// Date					
Witness Signature					// Date					

This information has been disclosed to you from records protected by Federal confidentiality rules (42 C. F. R. Part 2). The rules prohibit 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 information to criminally investigate or prosecute any alcohol or drug abuse clients. State and federal regulations protect this information.