

Aloha Behavioral Consultants, Inc.  
811 North Harrisville Road  
Harrisville, UT 84404  
Phone (801)399-1818 Fax (801)782-8412

**CONSENT TO REQUEST OR RELEASE INFORMATION**  
(Include inspection/copying of records)

Client's Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
Birth Date: \_\_\_\_\_ SSN: \_\_\_\_\_

I, \_\_\_\_\_, having been informed concerning the current Federal Regulations (42 CFR Part 2), and (45CFR Part 160 and subparts A&E of Part 164); hereby grant and authorize Aloha Behavioral Consultants, Inc. to release any and/or all of the following listed parts of my clinical record, to include alcohol and drug abuse treatment records as permitted by 42 CFR Part 2, from my record to

Admission Information	Medical History
Attendance at Sessions	Psychological Testing
Diagnosis Treatment Plan	Service Plan
Discharge Summary	Summary of Sessions
Drug Screen	Other (Specify)
Evaluation/Social History	Other (Specify)

Purpose of Disclosure:

I understand that Aloha Behavioral Consultants, Inc. and its affiliates is hereby releases from all legal ability which may arise from the authorized release of this information or material. This information has been disclosed to you from the re cords protected by Federal Confidentiality Rules (42 CFR Part 2), and (45 CFR Part 160 and subparts A&E of Part 164), Health Insurance Portability and Accountability Act (HIPAA). These rules prohibit you from making 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 CFR Part 2 or (HIPAA). This consent is subject to revocation at any time except to the extent that the agency/program which is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will be terminated one year from the date of signature.

\_\_\_\_\_  
**Client's Signature** **Date**

\_\_\_\_\_  
**Signature of Client's Representative** **Date**

\_\_\_\_\_  
**Parent or Legal Guardian** **Date**

\_\_\_\_\_  
**Witness** **Date**