



Focus Mental Health Services, LLC

905 E. Wilson, Shawnee, OK 74804

405-214-0116

www.focusmhs.com



Consent for Release of Confidential Information

I, _____, _____, authorize Focus Counseling & Mental Health
Client Name DOB
(Focus MHS) to release and disclose the following types of information, including an explicit description of the substance use disorder information that may be disclosed, to / from (indicate one or both) the below agency, entity, or people: (Describe)

Entity to release to/from:

Entity/Individual Name Specific receiver(s) (if applicable)

Address City, State Zip

Phone Fax

Information released or disclosed will be used to coordinate, evaluate, plan, and/or continue appropriate treatment or program, determine eligibility for benefits or program, case review, and/or update files.

Information released by Focus MHS to other entities may be subject to re-disclosure by the recipient, resulting in the information no longer being protected.

Start Date _____ End Date _____ (One year maximum)

Client Signature Date

Parent/Guardian Signature Date

Therapist Signature Date

I hereby revoke this consent _____ Date _____

I understand my medical records and all clinical information are confidential and are protected under the provisions of 43A OS & 1-109. I understand medical records and all communications between consumer and doctor or psychotherapist are privileged and confidential; with such information limited to persons or agencies actively engaged in my treatment or related to administrative tasks. I understand privileged and confidential information shall not be released without my written, informed consent. I understand that treatment is not contingent upon or influenced by my decision to permit this information release. My consent is given freely and voluntarily. **The information authorized for release may include records, which may indicate the presence of a communicable or non-communicable disease, or venereal disease, which may include, but is not limited to, diseases such as hepatitis, syphilis, gonorrhea and the human immunodeficiency virus, also known as Acquired Immune Deficiency Syndrome (AIDS). (63 O.S. sec. 1-1502(B)). If any criminal proceeding is involved, disclosure is bound by federal laws and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. #290DD-2; 42 C.F.R., Part 2) and recipients of the information may receive and disclose it only in connection with their official duties with respect to the particular criminal proceeding and may not use the information in other proceedings, for other purposes, or with respect to other individuals.** I understand that I may revoke this consent in writing at any time by signing and dating the revocation line at the bottom of this page, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically one year following the date I stopped receiving services from Focus MHS. However, if any criminal proceeding is involved, this consent is irrevocable until final disposition of the proceeding, and expires upon final disposition of the proceeding.