PERMISSION FOR RELEASE OF INFORMATION ______, hereby authorize Criminal Justice Services located at 406 Fuller Ave St. 202, Helena, MT 59623 to: [] disclose information to [] receive information from [] exchange information With: Name(s): _____ Phone #: _____ Name or Agency Name: _____ Address: ______(street) (city) (state) (zip) Regarding Client: _____ _ DOB: ___/____ The information to be disclosed is: [] Attendance information [] Summary of treatment [] All treatment records [] Withdrawal/Readmission recommendation [] Other (specify) _____ The purpose of this disclosure is for: [] Further treatment [] Withdrawal/Readmission process Other (specify)______ This consent is effective on ______ and expires one year from date unless otherwise specified. I understand that I may revoke this consent at any time by giving written notice to the person or organization making this disclosure. Client Signature: Witness Signature: NOTICE: This information has been disclosed from confidential records. Any further disclosure without the specific written consent of the person to whom it pertains exceeds the limits of this release. (However, there are legal and ethical requirements that counselors take responsible action in those situations as prescribed by law 1) where there is danger of imminent harm to self or others, and 2) in the case of apparent child abuse.)