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Linda Lyons King
CEO

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I hereby authorize SafeNet to disclose to _____
Name of hospital, school, or other institution

The following information: _____
extent or nature of information

For the following reasons: _____
purpose or need for disclosure

I understand that my records are protected under the federal and specific state confidentiality laws and regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at anytime except to the extent that SafeNet or person who is to make the disclosure has already acted and that in any event this consent expires automatically as described below.

Authorization for release expires _____ or upon such event or
date
condition as described: _____

I further acknowledge that the information to be released was fully explained to me and this consent is given of my own free will. I understand a copy of this consent will be provided to me upon request.

Client's Name

Client's Birth Date

Signature of Client

Date

Signature of Witness

Date

Client Copy: _____ *Accepted*
_____ *Rejected*