Consent to Disclosure of Personal Information

U.S. Department of Housing
and Urban Development
Office of Human Resources

I, _____
(employee/patient's name)

authorize _____
(name of program or individual to disclose information)

to disclose to _____
(name or title of person(s) or organization to which disclosure is to be made)

the following identifying information from my records: (specify the kind and amount of information to be disclosed)

The purpose or need for such disclosure is:

This consent to disclose may be revoked by me at any time except to the extent that action hasbeen taken in reliance thereon. Unless expressly revoked earlier, this consent expires upon: (specify date, event, or condition upon which it will expire)

Signature of Employee/Patient and Date

Signature of Witness and Date

Signature of Parent, Guardian, or Legal Representative (where required) and Date	Specify Relationship

Notice of Prohibition on Redisclosure

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from amking 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 CFR 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

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ref. Handbook 792.2