

"SERVING THOSE WHO SERVED"



CONSENT FOR RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

I, _____
(Name of Client)

authorize **Veterans Resource Centers of America** to release/exchange information to:

VA staff involved in my care

the following information:

All health information necessary for treatment including: client progress, drug and alcohol treatment, physical and mental health status, information about medications and information regarding entry/exit.

The purpose of this disclosure authorized in this release is:

Coordination of care, services, and health care operations.

Unless otherwise indicated, this consent for the release/exchange of the information indicated above will be valid for a period of 12 months from the date signed.

Client Signature

Date

Print Client Name / Date of Birth

Staff Signature

Date