



# Travis County Counseling & Education Services

P.O. Box 1748, Austin, TX 78767-1748; 854-9540; Fax 854-9146  
Caryl Clark, Director

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

(Allow TCCES to Release Confidential Information to Non-Criminal Justice Entity)

I, \_\_\_\_\_ authorize  
(Name of Client) (Date of Birth)

Counseling & Education Services of Travis County to disclose to:

\_\_\_\_\_  
(Name organization and name of person which disclosure is to be made)

the following information limited to: the alcohol/drug and/or family violence assessment results (CES Summary Report) for \_\_\_\_\_:  
(Cause #)

The purpose of the disclosure authorized herein is to: \_\_\_\_\_  
(Purpose of Disclosure, as specific as possible)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol & Drug Abuse Patient Records, 42 CFR Part 2, 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 any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically on \_\_\_\_\_.

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of participant

\_\_\_\_\_  
Signature of parent, guardian or authorized Representative when required

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Witness