

**MIDWEST ADDICTONS PSYCHIATRIC  
& PSYCHOLOGICAL SERVICES (MAPPS)**

3010 E. State Blvd. Ste. 100

Fort Wayne, Indiana, 46805

Phone:(260) 471-0632 Fax: (260) 471-3451

**Consent for the Release of Confidential Information**

I, \_\_\_\_\_, hereby consent to communication between MAPPS: Midwest Addictions Psychiatric & Psychological Services and\_\_\_\_\_.

The purposes of and need for the disclosure is to inform the agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and Drug Screens.

I understand that this consent will remain in effect and cannot be revoked by me until:

X  there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

\_\_\_\_\_  
(other time when consent can be revoked and/or expires)

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Signature of parent/guardian or authorized representative)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Witness)