



Family First, LLC · ☎ (732) 979-2230 · ☎ (609) 371-1357

I, \_\_\_\_\_ (client or parent/guardian), hereby authorize Family First, LLC to release/obtain information contained in my/my child, \_\_\_\_\_'s  
(name of client if child)

records to and/or from the following individual(s) and/or organization(s), and only under the conditions listed below.

Name, phone number, address of person or agency to use, disclose or exchange information:

\_\_\_\_\_  
\_\_\_\_\_

Specify the type of information to be disclosed exchanged:

\_\_\_\_\_  
\_\_\_\_\_

The purpose and need for such disclosure/exchange (Check all that apply)

- Referral                       After-Care Planning                       Continuity of Treatment

Other (Please Specify) \_\_\_\_\_

This consent is subject to revocation at any time and will automatically terminate in one year.

\_\_\_\_\_  
Client's Signature (14&up)

\_\_\_\_\_  
Parent's Signature (for minor)

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

Participants are required to adhere to the following confidentiality and release of information requirements: records are protected under both Federal (42 CFR P 2) and HIPAA (42 U.S.C. 1301 et seq., 45 CFR 160 & 164) and State statutes (N.J.S.A. 30:4-24.3 and 9:6-8.10a) and regulations (N.J.A.C. 10:37-6.13 through 10:37-1363 et seq.) and NJDHS Administrative Order 2:01. This information has been disclosed to you from records protected by Federal confidentiality rules (42CFR Part 2.). The Federal rules prohibit you from making 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 42CFR 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 consumers.