



**Adult & Teen Challenge of Kentucky
Priscilla's Place
AUTHORIZATION FOR RELEASE OF INFORMATION**

Application and Intake Process

If you receive information released with this form the following regulations apply to you:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part II). The Federal rules prohibit you from making 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 II. A general authorization 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 drug or alcohol abuse patient.

Applicant Full Name: _____ Applicant Date of Birth: _____

I, _____, hereby authorize Adult & Teen Challenge of Kentucky to release
(Applicant) (Agency and/or person)
information related to my Application, Intake Requirements, and Status for the purpose of
facilitating my entry into the Adult & Teen Challenge of Kentucky program.

The information may be released to only the following individuals/organizations:

(Must include legal authorities, persons responsible for financial support, and family members or others who are helping you with the application process or we cannot speak to them.)

Name

Phone number/Email

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I know that this release may be revoked by me at any time, except to the extent that reliance has been taken thereon, and except if I have been referred by the Criminal Justice System, in which case the authorization is irrevocable. If not expressly revoked by me, this release will expire 18 months from the date below, unless a different date, event or condition is listed herein.

(Date and/or condition for this release to expire)

Applicant Signature _____ Date _____

Witness Signature _____ Date _____