

**Annie Murrell, MS, LPC
Oklahoma License 3717
1536 South Peoria
Tulsa, OK 74120
918.630.7533
FAX 918.599.7099**

Consent for Release of Confidential Information

I, Name: _____, SS#: _____

do give my consent freely and voluntarily for Annie Hartzog-Murrell to:

_____ disclose to _____ receive from

(Name of corresponding agency or person)

the following information:

(Nature and extent of information)

I understand that my records are protected under federal and state confidentiality regulations (42 CFR Part 2) and cannot be released without my written consent unless otherwise provided for in the regulations. Federal and state regulations prohibit the above person from making any further disclosure of the information with out my specific written consent as permitted by 42 CFR Part 2. I further understand that treatment is not contingent upon, or influenced by my decision to permit the information release. This consent shall expire 3 years after the date of this consent or as follows: _____

I understand this consent may be revoked, subject to usage by this practitioner prior to a written revocation or other pertinent law or policy, by the above consenting person or their respective legal guardian, executor, administrator, personal representative appointed by a court, or other legally and appropriately authorized person by providing a signed and dated express written revocation of this consent to the practitioner.

Signed this _____ day of _____, 20 _____.

Print name (or name of legal guardian)

Signature

Witness