

INTEGRITY COUNSELING & COACHING
1501 S. Belcher Road, Suite B-4
Largo, FL 33771

**CONSENT FOR INTEGRITY COUNSELING & COACHING TO
RELEASE CONFIDENTIAL INFORMATION TO JUVENILE DRUG
COURT**

I, _____ SS# _____

HEREBY AUTHORIZE: Integrity Counseling & Coaching, Inc., its therapists and its
representatives.

TO RELEASE TO THE FOLLOWING SPECIFIED PERSON OR AGENCY:
JUVENILE DRUG COURT 14250 49th St. N. 3rd Floor Clearwater, FL 33762
PHONE 464-7013 FAX 464-7205
JUVENILE ASSESMENT CENTER PHONE 464-7437 FAX 453-7390
JUVENILE PROBATION

THE FOLLOWING INFORMATION: Results of evaluation including recommendations and
urinalysis drug screen (abstinence) results. Records substantiating treatment including
compliance with treatment recommendations and abstinence status including subsequent drug
tests, discharge information such as discharge summary and after treatment plan.

FOR THE PURPOSE OF: Compliance with Drug Court/ assistance with treatment.

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I UNDERSTAND THAT THIS CONSENT TO OBTAIN CONFIDENTIAL INFORMATION IS SUBJECT TO  
REVOCAION BY ME, EXCEPT TO THAT ACTION WHICH HAS BEEN TAKEN IN RELIANCE THEREON  
AND UNLESS OTHERWISE STATED, THIS CONSENT SHALL HAVE A DURATION NO LONGER THAN  
THAT NECESSARY TO EFFECTUATE THE PURPOSE FOR WHICH IT IS GIVEN. **Unless otherwise stated-  
one year from the date of signing.**

CLIENT SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

GUARDIAN SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESSESED BY: \_\_\_\_\_ DATE: \_\_\_\_\_

**CONFIDENTIALITY NOTICE**

“THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY  
IS PROTECTED BY FEDERAL REGULATIONS (42 CFR PART 2) AND PROHIBITS YOU FROM MAKING  
ANY FURTHER DISCLOSURE OF IT WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO  
WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL  
AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS NOT SUFFICIENT  
FOR THIS PURPOSE.”