

INFORMED CONSENT TO RELEASE CONFIDENTIAL INFORMATION

Client name: _____ **DOB:** _____

I hereby consent for

Wisdom 360 _____ and _____
Brenda J. Hafner, M.S.W. _____
15600 Dempsey Rd _____
Leavenworth, KS 66048-6373 _____
(913) 351-3335 _____

to () share verbally and/or () in written form the following information:

- ___ dates of service; types of services provided in sessions
- ___ session content
- ___ drug and alcohol information, including assessment, treatment, goals, progress, prognosis, and diagnosis
- ___ Other: _____

For the following purpose(s):

- ___ Coordination of services
- ___ Sharing/gathering of assessment information
- ___ To facilitate appropriate services
- ___ Other: _____

Effective dates of release: From _____ to _____.

I am aware that this consent is being freely given and can be revoked at any time (orally or in written form.)

Signature of client: _____ date: _____

Signature of parent/legal guardian: _____ date: _____

Witness: _____ date: _____