Jerry G. Soucy, Ph.D.
16152 Beach Blvd. #281
Huntington Beach, CA 92647

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION TO PRIMARY CARE PHYSICIAN

I, _____hereby authorize
Participant's Name

Jerry G. Soucy, Ph.D. to disclose to my Primary Care Physician

_____, all clinical information about me as
Primary Care Physician

may be necessary to permit my Primary Care Physician to monitor the continuity of my care and to inform my Primary Care Physician of my health status.
This authorization becomes effective _____, and may be revoked by me in writing at any time, with the exception of any actions already taken to coordinate my care. Unless previously revoked by me, this authorization automatically terminates the earlier of twelve (12) months from the effective date. I understand that
this authorization does not extend to the release of any AIDS/ HIV information unless I also placed my initials here _____. I further understand that the information authorized by this release will be released to the authorized representative only, for purposes noted above. I understand I (or my legal representative) am entitled to a copy of this authorization form for my records.

_____

Legal Signature of Participant or Legal Guardian Date

Notice to Recipient: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2) and/or state law. In accordance with federal and State law requirements, this information received pursuant to this document is confidential and recipient is prohibited from making further re-disclosure of this information to any other person or entity, or to use it for any purpose other than as authorized herein, without the written consent of the person to whom it pertains or as otherwise permitted by law. 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 patients.