



**Fairbanks Therapy Associates Inc.**

*helping to navigate life's journey*

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www.FairbanksTherapyAssociates.com & www.LEAPfbks.com  
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### Consent Release & Exchange of Confidential Information

I, \_\_\_\_\_ DOB: \_\_\_\_\_, give authorize LEAP inc. and Lisa Hay, LCSW to release confidential information to the following agency(ies):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I authorize confidential information to be released from:

\_\_\_\_\_  
to LEAP inc. and Lisa Hay, LCSW, at PO Box 82842 Fairbanks, AK 99708 907-452-2473 fax: 452-6903

The PURPOSE of this consent is to improve assessment and treatment planning, share information, share information relevant to treatment and, when appropriate, coordinate treatment services.

I understand that the Provider cannot guarantee that the Recipient will not re-disclose my confidential information to a third party. I understand that I have a right to revoke this consent, in writing, at any time by sending written notification to the receptionist at LEAP. I further understand that a revocation of the consent is not effective to the extent that action has been taken in reliance on the consent. I further understand that LEAP will not condition my treatment on whether I give consent for the requested disclosure. Unless you have specifically requested in writing that this disclosure be made in a certain format, we reserve the right to disclose information as permitted by this consent in any manner that we deem to be appropriate and consistent with applicable law, including, but not limited to verbally, in paper format or electronically. I will be provided a copy of this consent at my request.

This consent for the release of information shall begin on the date of my signature and shall remain in effect for the next twelve months or until I have notified LEAP Inc., in writing, of otherwise.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

RECIPIENT INFORMATION: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). 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 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

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