The Canyon
2900 S. Kanan Dume Road
Malibu, CA 90265
(310) 457-3209

Confidential Consent for Release of Information

Consumer Name:_____ Social Security #:_____ DOB:_____

I hereby authorize the release of the following information: (check all that applies)

YES	*NO*	
☐	☐	1. Medical History, examinations, laboratory tests and treatment reports.
☐	☐	2. Psychological test, psychiatric evaluation, neurological workup
☐	☐	3. Social history, including family, education, employment, legal and drug use information
☐	☐	4. Summary of previous mental health and substance abuse treatment
☐	☐	5. Periodic reports or current treatment progress including attendance, and participation
☐	☐	6. Discharge and aftercare planning
☐	☐	7. TB skin test and/or chest X-ray results
☐	☐	8. Specify any other documentation requested:_____

From/To: ***The Canyon at Peace Park, 2900 S. Kanan Dume Rd, Malibu, CA 90265 (310) 457-3209***

From/To: Name: **RECORDS DEPOSITION SERVICE, INC.** Phone Number: **248.357.3330**
FAX: 248.357.3337
Address: **PO BOX 5054 SOUTHFIELD, MI 48086 - 5054**

I understand that this information will be used for the following purpose(s): (check all that applies)

YES	*NO*	
☐	☐	1. To develop a diagnosis, treatment and rehabilitation plan.
☐	☐	2. To coordinate medical, psychological and social rehabilitative process.
☐	☐	3. To process insurance claims for services provided (diagnosis, number of visits, modalities and expected length of stay)
☐	☐	4. Specify any other purpose: **FOR DISCOVERY BEFORE TRIAL**

Form(s) in which this information may be released/exchanged:

☐ Verbal ☒ Written/photocopied ☒ Electronic ☒ Fax

This consent for release of information is given freely, voluntarily, and without coercion. I understand that my records are protected under the Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42-CFR, Part 2 and no information may be re-disclosed by either party to any other individual or agency unless by my written consent. I further understand that this authorization may be revoked at any time by my written statement and automatically expires at the end of six (6) months.

_____ _____
Consumer Signature Date

_____ _____
Witness Signature Date