

**CENTRE COUNTY MH/ID/EI - DRUG AND ALCOHOL  
STUDENT ASSISTANCE PROGRAM  
3500 East College Ave. Suite 1200 State College PA 16801  
814 355-6786**

**SAP LIAISONS: KIM RIMMEY M.ED (814) 880-8326  
ALLISON BRACKBILL/Youth Service Bureau (814) 441-9696**

Student \_\_\_\_\_ Date of Birth \_\_\_\_\_

I give my consent for Centre County MH/ID/EI, Drug and Alcohol and Allison Brackbill - YSB/ Kim Rimmey M.Ed (SAP Liaisons) to release the following information:

- Assessment Results/Recommendations
- Follow up with parents
- Follow up with student
- Other (specify) \_\_\_\_\_

TO:

- SAP Core Team \_\_\_\_\_
- Parent/Guardian \_\_\_\_\_
- Other (specify) \_\_\_\_\_

Address:

Home phone# \_\_\_\_\_  
Work Phone# \_\_\_\_\_ Mom/Dad  
Cell Phone# \_\_\_\_\_ Mom/Dad  
Best time to call \_\_\_\_\_ Mom/Dad

For the purpose of providing recommendations relating to the need for in-school services or community Mental Health/Drug and Alcohol services.

The above consent shall automatically expire on \_\_\_\_\_ unless previously revoked.

The release of information as requested above is limited to person, facility or agency name and to the dates and purpose stated above. It is to be held strictly confidential by the receiver. Re-disclosure of the information is prohibited by Federal and State laws. I understand that I may withdraw my authorization, either verbally or in writing at any time. A photocopy of this release will be as valid as the original.

**X** \_\_\_\_\_ **Student** \_\_\_\_\_ **Date**

**X** \_\_\_\_\_ **Parent/Guardian** \_\_\_\_\_ **Date**

**X** \_\_\_\_\_ **Witness** \_\_\_\_\_ **Date**

I hereby request that this release be rescinded \_\_\_\_\_ Date \_\_\_\_\_

I have been offered a copy of this form.                      Accepted                      Rejected

“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 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.”