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**Consent for the Release of Confidential Information**

I, \_\_\_\_\_ authorize \_\_\_\_\_  
Client name Name of person making disclosure

To disclose to \_\_\_\_\_ the following:  
Name and contact info of person or agency receiving information

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

For the purpose of: \_\_\_\_\_

I understand that my records are protected by the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time, except to the extent that action has already been taken. However, this consent expires automatically as described below:

Specify the event, time, or condition upon which this consent expires (if left blank, expires in 1 year):

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

Executed this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_

Name: \_\_\_\_\_  
Client or parent/guardian **please print**

Signed: \_\_\_\_\_  
Client or parent/guardian **Signature** Date

Name: \_\_\_\_\_  
Client or parent/guardian **please print**

Signed: \_\_\_\_\_  
Client or parent/guardian **Signature** Date

Signed: \_\_\_\_\_  
Justin M. Smith Date