

**WESTMORELAND COUNTY Services Team for Adults in Recovery (S.T.A.R.)
AUTHORIZATION TO RELEASE INFORMATION**

Individual: _____ **Date:** _____

I/We, the undersigned, hereby give consent for the exchange and discussion of the confidential information at the S.T.A.R. meeting which includes Core Team members and other involved parties. Core Team members include representatives from The Westmoreland County BH/DS Program Office, the Base Service Unit, staff members from local hospitals, Community Advocate, and other involved parties/services as indicated.

I/We further understand:

- This release is granted only for a period of **one (1) year** from the date signed.
- I/We have the right to revoke this Authorization at any time by notifying the Westmoreland County BH/DS Administrative Office *in writing*.
- A photo static copy of this release will be considered valid.

By signing this release, I/We understand that I/We are authorizing a free exchange of information regarding the above individual between members of S.T.A.R. in order to assist in the planning and coordination of behavioral health services.

Authorized Signatures:

Individual Signature: _____ Date: _____

Family Member/Guardian: _____ Date: _____

Witness Signature: _____ Date: _____