

Authorization and Consent to Release Information
To Judge

Client Name: _____ Birth Date: _____
(Whose information is to be released.)

I hereby request and authorize release of the following information:

- _____ Whether I have made contact with the Lawyer Assistance Program (LAP);
- _____ Status of my participation with the LAP, including whether or not I am compliant with the clinical recommendations of the LAP
- _____ Copy of any LAP Recovery Contract entered into by me; and
- _____ Status of my performance of my LAP Recovery Contract.

Range of Time:

This request includes all information arising within a time period related to the reason I have sought the help of the LAP until the purpose of the release is satisfied or otherwise revoked.

For the purpose of:

Verifying my status as a participant in the Lawyer Assistance Program.

To be released to:

Judge's Name Phone

Street City State Zip

To be released From:

Nicole Ellington, LPC, LCAS
Eastern Clinical Coordinator
Lawyer Assistance Program
217 East Edenton St.
Raleigh, NC 27601
(919)719-9267

I hereby authorize release of the above information, to the above parties and release the above parties from any and all legal liability that might or could arise from the release of the information requested and for relying upon this consent.

I make this release voluntarily and I understand that I may revoke this consent to release information in writing at any time, except to the extent that action has been taken in reliance thereon. I agree that the party above to whom information is being released shall be notified upon any revocation of this release together with the reasons given for the revocation.

Date

Client Signature

Date

Witness