

**Directions EAP, LLC**  
1919 S. 40<sup>th</sup> St, Ste. 212  
Lincoln, NE 68506  
Phone (402) 434-2900 Fax(402) 434-2909

**AUTHORIZATION FOR RELEASE OF INFORMATION**

---

Client Name

---

Address

City

State & Zip Code

---

Home Phone

Alternative Phone

Date of Birth

I (the above mentioned) hereby authorize the Directions EAP Program to share pertinent information with:

---

Contact Person

Agency

---

Address

Phone Number

Information Requested:

---

Purpose for which information is to be released:

---

---

This consent is subject to revocation at any time, except in those circumstances in which the Directions EAP Program has taken certain actions on the understanding that the consent will continue unrevoked until the purpose for which the consent was given shall have been accomplished. However, any consent shall have duration no longer than that reasonably necessary to effectuate the purpose for which it is given, with a maximum of six months or the specific date of:

---

I hereby release the Directions EAP Program from all legal liability that might arise from the release of the information requested.

---

Client or Legal Representative

Date

---

Witness

Date

State reason if client is unable to sign his/her consent:

---

---