CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Name: _____ Social Security #:_____ DOB: __/___/___

I authorize RPP to engage in two way communication with, and to obtain a copy of any corresponding records from and/or release a copy of any corresponding records to,

_____

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(Person(s) and/or organization to whom disclosure is to be made) regarding the following information: intake, referral, assessment and/or treatment related documents, results, records, reports, attendance, lab test or drug screen results, assessment results, concerns, and recommendations including, but not limited to, treatment recommendations and expectations, diagnostic information, medications and dosages, allergies, substance use history summaries, trauma history summary, employment information, living situation and social supports, claims or encounter data, and third-party updates or reporting for which there is a proper consent on file. The purpose of this disclosure is to facilitate communication, and/or the disclosure or receipt of documentation, related to my referral to, assessment by RPP or an approved third-party provider and any corresponding treatment recommendations or records, and/or RPP monitoring requirements.

The release of this information could include, but not be limited to, the following forms: Electronic, Verbal, and Written.

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes. I further acknowledge receipt of a copy of this release.

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA)(45 CFR, Parts 160 and 164) and cannot be disclosed without my written consent unless otherwise provided by law. I understand that if a general designation of the agency or person permitted to make disclosure is made above, I am entitled to request a list of entities to which my information has been disclosed pursuant to the general designation. I further understand that any requests must be made in writing and are limited to disclosures made within the past two years. I also understand that I may revoke this consent in writing at any time by signing below, and delivering a copy via email to my assigned recovery specialist, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: six months following discharge from RPP or completion of involvement with disciplinary actions with LLR, whichever comes last.

_____ _____

(Participant Signature) **(Date)**

REVOCATION OF CONSENT

_____ _____

(Participant Signature) **(Date)**

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