

ARC-ip

ADDICTION'S RESOURCE CENTER, INC

ADDRESS: P.O. BOX 807 – YELLOW SPRINGS, 45387

PHONE: 937-767-0178; 937-767-0135; 937-727-1040 FAX: 937-767-0199; 937-688-1550

Exec. Director, Services Supervisor: W. Lisa Thomas.PsyD, LICDC-CS, MRC, ICRC, RD

AUTHORIZATION TO DISCLOSE INFORMATION – Atty/ Tx/ Other

Program Date: _____

Name of Client: _____ Date of Birth: _____

The following programs are authorized to: disclose, receive or exchange information as noted below.

ARC-ip Addiction's Resource Center, INC

Program Authorized to Make Disclosure

with the following individual, agency, organization, or entity:

Authorized Individual/Organization to Whom Disclosure is Made

Purpose of Disclosure: _____ ARC DIP Completion Report(s)

Type of Information to be Disclosed: Information regarding the completion of an Substance Use Screening report, educational segments completed, and group activities completed. The DIP screening completion report includes: offense, type and degree of impairment if available, legal history, alcohol and substance use pattern past and present, substance use treatment history, and significant medications that offender is prescribed. The report will also include recommendations and prognosis regarding recidivism.

Signature of Client or Person Authorized to Permit Disclosure

Date

++++
Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.
I hereby revoke consent

Client Signature and Date

Signature and Date of Staff or Witness

This authorization expires (specify event, date and/or condition) 90 days from Program Date

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) /3793:4-1-02 (FF)(3)/

ARC-ip

ADDICTION'S RESOURCE CENTER, INC

ADDRESS: P.O. BOX 807 – YELLOW SPRINGS, 45387

PHONE: 937-767-0178; 937-767-0135; 937-727-1040 FAX: 937-767-0199; 937-688-1550

Exec. Director, Services Supervisor: W. Lisa Thomas.PsyD, LICDC-CS, MRC, ICRC, RD

AUTHORIZATION TO DISCLOSE INFORMATION – Atty/ Tx/ Other

Program Date: _____

Name of Client: _____ Date of Birth: _____

The following programs are authorized to: disclose, receive or exchange information as noted below.

ARC-ip Addiction's Resource Center, INC

Program Authorized to Make Disclosure

with the following individual, agency, organization, or entity:

Authorized Individual/Organization to Whom Disclosure is Made

Purpose of Disclosure: _____ ARC DIP Completion Report(s)

Type of Information to be Disclosed: Information regarding the completion of an Substance Use Screening report, educational segments completed, and group activities completed. The DIP screening completion report includes: offense, type and degree of impairment if available, legal history, alcohol and substance use pattern past and present, substance use treatment history, and significant medications that offender is prescribed. The report will also include recommendations and prognosis regarding recidivism.

Signature of Client or Person Authorized to Permit Disclosure

Date

+++++

Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent

Client Signature and Date

Signature and Date of Staff or Witness

This authorization expires (specify event, date and/or condition) 90 days from Program Date

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) [3793:4-1-02 (FF)(3)]