

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize
(Name of Resident)

GateHouse Transitional Living to disclose to: _____

Relationship: _____ Telephone: _____

Address: _____

the following information:

- (a) Presence in Aftercare/Housing (Limited to notification in case of Emergency)
- (b) Nature of the Emergency
- (c) Emergency Services Provided

The purpose of the disclosure authorized in this is to: (check all that apply)

- () (a) Obtaining the following benefits: _____ (Specify Services)
- () (b) Chemical dependency treatment.
- () (c) Criminal justice system reporting requirements.
- (X) (d) Notification in the Event of an Emergency.

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I understand that in general my treatment may not be conditioned upon whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I also understand that I may revoke this consent verbally or in writing at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(date, event, condition)

Resident Date

Witness Date

Resident () has accepted, () has not accepted a copy of this form.