# GATEHOUSE
TRANSITIONAL LIVING

## *Consent for the Release of Confidential Information*

I, ______________________________________________, authorize The GateHouse to disclose to
(name of client)

______________________________________________ the following information (please check
(name of individual and organization)

all that apply):

- ☒ *Presence in Treatment*
- ☒ *Demographic Information*
- ☒ *Medications Prescribed*
- ☒ *Nature of Project*
- ☒ *Brief Description of Progress*
- ☒ *Whether the client has relapsed into active use*
- ☐ *History & Physical*
- ☐ *Discharge Summary*
- ☐ *Aftercare*
- ☒ *Prognosis*
- ☐ *Nature of Emergency*
- ☐ *Urinalysis*
- ☐ *Biopsychosocial*
- ☒ *Follow Up*

The purpose of the disclosure is to authorize communication pertaining to (check all that apply):

- ☒ *Chemical Dependency Treatment*
- ☐ *Physical/Mental Health*
- ☐ *Family/Friend/Partner*
- ☐ *Legal Counsel*
- ☐ *Employer*
- ☐ *Criminal Justice System Reporting Requirements*
- ☐ *Obtaining the Following Benefits:* ______________________________
- ☐ *Other:* ______________________________

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 in writing or verbally 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:

______________
Ex. Date

______________________________ ______________
Client Signature Date

______________________________ ______________
Client Signature Date

Client ☐ *has accepted* ☐ *has **not** accepted* a copy of this form.