

Form C. Consent for Release of Information (42 CFR Part 2)

The confidentiality of records of this program is protected by federal law, 42 CFR Part 2. This form is the written consent required by the Confidentiality Policy (RR-P07) before the program uses or discloses information that identifies me as a resident. Use one form per recipient.

Resident name: _____ Date of birth: _____

I authorize **TD Transitional Services LLC, Shelbyville, Indiana** (the program) to disclose the information described below.

To (the recipient):

Name or organization: _____

Role or relationship to me: _____

Phone: _____ Address: _____

Information to be disclosed (initial all that apply):

____ Enrollment and residency status, including admission and discharge dates

____ Attendance and participation in the program

____ Drug and alcohol test results

____ Progress in the program

____ Fee and payment information

____ Other (describe): _____

Purpose of the disclosure (initial all that apply):

____ Coordination with a court, probation, parole, or community supervision

____ Coordination with a treatment provider

____ Verification of residency or participation

____ Payment or funding for my residency (for example, Recovery Works)

____ Communication with family

____ At my request

____ Other (describe): _____

Expiration. This consent expires on this date or event: _____. If nothing is written, this consent expires when I am discharged from the program.

My rights. I understand that:

1. Signing this consent is voluntary.
2. I may revoke this consent at any time by giving the House Manager written notice, except to the extent the program has already acted in reliance on it.
3. Once information is disclosed, the recipient may redisclose it, and it may then no longer be protected by 42 CFR Part 2.

Resident signature: _____ Printed name: _____ Date:

House Manager, for TD Transitional Services LLC: _____ Date:
