

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Name: _____ Social Security #: _____ DOB: _____

I authorize RPP to engage in two way communication with _____ (Person or organization to whom disclosure is to be made) regarding the following information: treatment data, attendance, lab test results, assessment results, concerns, and recommendations including but not limited to diagnostic information, medications and dosages, allergies, substance use history summaries, trauma history summary, employment information, living situation and social supports, and claims or encounter data. The purpose of this disclosure is ongoing treatment and monitoring related issues regarding compliance with RPP and licensure requirements. **I understand that if I do not sign this consent form, I may be discharged from RPP.**

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

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 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: six months following discharge from RPP or completion of involvement with disciplinary actions with LLR, whichever comes last.

(Participant Signature)

(Date)

(Witness Signature)

(Date)

REVOCACTION OF CONSENT

(Participant Signature)

(Date)

(Witness Signature)

(Date)

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