Peer Assistance Services
Since 1984

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ hereby authorize Peer Assistance Services, Inc
(Print client's first, middle, last name)

to release the following information, concerning me, to:

_____
(Name of person or organization) (Phone)

_____
(Street Address) (City) (State) (Zip) (Fax)

Items and information to be released are:

- ☐ Treatment records
- ☐ Testing results
- ☐ Emergency-related information
- ☐ Reports of compliant and/or non-compliant behavior
- ☐ Assessment summary and/or recommendations
- ☐ Screening tool information
- ☐ Ability to practice with reasonable skill and safety
- ☐ Other_____
  (specific record or records)

The purpose of this disclosure is: _____.

The confidentiality of alcohol and drug abuse records maintained by Peer Assistance Services, Inc., is protected by Federal laws and regulations. Generally, we may not say to a person outside the program that a client involved with Peer Assistance Services, Inc., attends the program or disclose any information identifying a client—unless: 1) You consent to the disclosure of information in writing; 2) The disclosure is ordered by a court; or as otherwise mandated by State and/or Federal law; 3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. If not sooner revoked, this consent shall expire two (2) years after my discharge from Peer Assistance Services, Inc. (42 C.F.R. § 2.31)

A copy of this document will have the same force and effect as the original.

_____ _____
Client Signature Date

7/2016

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