

Appendix S: Consent Form/Release of Confidential Information

APPENDIX S: CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION FORM

CONSENT STATEMENT

I, _____ (Name of Service Members), hereby authorize _____ (Name of Treatment Rehabilitation Facility) to release information and records pertaining to the treatment and/or hospitalization of the above named individual for substance abuse or chemical dependency to the _____ (Name of Commander). I further allow the treatment/rehabilitation provider noted above to have oral communication with my commander as need to articulate progress and/or concerns. Disclosure of requested records shall be limited to the following specific types of information: assessment completion, treatment plan; treatment progress & compliance reports; final outcome (successful completion or treatment failure).

The purpose of this request is to assist the National Guard commander (listed below) to determine the rehabilitation progress of his service member. This authorization shall be considered valid for one (1) year from the date signed or until revoked by the consenting party.

I certify that I have read, understand, and agree with the above provisions of this consent. I understand that my records are protected under federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. 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 in one year.

SIGNATURE BLOCK

	SERVICE MEMBER	UNIT COMMANDER (WITNESS)	REHABILITATION/TREATMENT PROVIDER
PRINTED NAME			
SIGNATURE			
DATE			