

CHARLOTTE RESCUE MISSION – DOVES NEST PROGRAM
2855 WEST BOULEVARD CHARLOTTE, NORTH CAROLINA 28208
PHONE NUMBER: 704-332-3999

CONSENT TO RELEASE/OBTAIN CONFIDENTIAL INFORMATION

I, _____ / _____
 Name of Resident Birthdate

authorize Charlotte Rescue Mission Dove's Nest to release/obtain the information listed and
 initialed below to/from: _____

 Name/address or general designation of service provider

My identity as an alcohol or drug abuser	Care Plan/Goals and Objectives	
Assessment/Intake Information	Discharge Summary	
Diagnosis	History and Physical	
Progress Review		

The purpose of the disclosure authorized herein is to assist the Dove's Nest Staff with continuity of care between service providers.

Other: _____

I understand that my alcohol and/or drug treatment 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 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 from the date I am signing. _____ (Initial here)

_____ (Initials) The purpose of and need for the disclosure may be to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is listed above. I further understand that this consent will remain in effect and *cannot be revoked* by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment or _____ / _____
 (Specify other time when consent can be revoked or expires) (Initials)

 Signature of Resident Date

 Signature of Parent or Legal Guardian Date

To the recipient of this information: This information has been disclosed to you from records protected by federal confidentiality rules, 42 Code of Federal Regulations (CFR), Part 2. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.