



**RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize the Southworth Associates Recovery Enhancement/Case Management Program to release/exchange information about me to \_\_\_\_\_ for the purposes of monitoring.

Relationship to client: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

I agree to the following release(s) of information:

**Note: The client must initial next to each item they wish to authorize for release.**

- Medication information       Correspondence sent/received
- Program progress               Drug Screen Results
- Meeting Attendance Reports     Other: \_\_\_\_\_

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Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

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- Medication information       Correspondence sent/received
- Program progress               Drug Screen Results
- Meeting Attendance Reports     Other: \_\_\_\_\_

**All releases will remain in effect for the period of 14 months from the signing of the release, unless otherwise noted. This release will expire on \_\_\_\_\_.**

**Any request to rescind this release must be made in writing and sent to Southworth Associates by fax or mail. All written requests will be acknowledged and implemented upon receipt. To the extent possible under federal and state law, I consider all my medical records, including records concerning my activity with the Southworth Associates Recovery Enhancement/Case Management Program, to be privileged and confidential. I, therefore, give my permission for the Program representatives to give reports to and receive reports from the person(s) or agencies listed above. I understand these reports will contain information regarding my involvement with the Program and will include information regarding any chemical dependence and/or mental health issues in addition to information regarding my progress in recovery. Any limitations regarding the content of information in these reports are as defined above. I further acknowledge that the purposes of these reports were explained to me and that this consent is given of my own free will.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date