

# GPATR Consent for Information Disclosure



I, \_\_\_\_\_, authorize the exchange of information between the Great Plains Tribal Chairmen's Health Board Access to Recovery Project (GPATR) and:

\_\_\_\_\_ Any of the alcohol or drug treatment programs or recovery support service providers enrolled in the GPATR network and/or

\_\_\_\_\_ Other: \_\_\_\_\_

To communicate with and disclose to one another the following information:  
(initial each category that applies)

- \_\_\_\_\_ My name and other personal identifying information;
- \_\_\_\_\_ Service transactions;
- \_\_\_\_\_ Initial and subsequent evaluations of my service needs by the GPATR Partners and its members;
- \_\_\_\_\_ My status as a client in recovery support services and/or clinical treatment;
- \_\_\_\_\_ Summaries of alcohol/drug assessments, results, and history;
- \_\_\_\_\_ Summary of recovery support services and/or clinical treatment progress and compliance;
- \_\_\_\_\_ Attendance in recovery support services and/or clinical treatment;
- \_\_\_\_\_ Discharge plan(s) for recovery support services and/or treatment services;
- \_\_\_\_\_ Date of discharge from recovery support services and/or clinical treatment services and discharge status;
- \_\_\_\_\_ Other: \_\_\_\_\_

The purpose of the disclosures authorized in this consent is to enable GPATR Partners and its members to evaluate my need for services from the GPATR Partners and its members; to provide and coordinate the GPATR Partners' and its members' services to me, processing payments for services provided to me, and to evaluate the effectiveness of the work of the GPATR Partners.

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 C.F.R. 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 as follows: September 30, 2014

I understand that generally, GPATR Partners may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

I understand that some or all of this information may at times be communicated via electronic transmission.

\_\_\_\_\_  
Printed Name of Client

\_\_\_\_\_  
Date of Release

\_\_\_\_\_  
Signature of Client or Authorized Representative

\_\_\_\_\_  
Date of Client Signature

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date of Witness Signature

**Revocation Section**  
I hereby revoke this consent

\_\_\_\_\_  
Signature of Client or Authorized Representative

\_\_\_\_\_  
Date of Revocation