



# ROADS TO RECOVERY

## CONSENT FOR THE RELEASE OF CONFIDENTIAL ALCOHOL OR DRUG INFORMATION

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I, \_\_\_\_\_, authorize the Roads to Recovery Programs  
(Name of Peer)

to disclose to/exchange information with \_\_\_\_\_  
(Person/organization to which disclosure is to be made – **name, relationship, phone number**)

The following information: \_\_\_\_\_  
Nature of the information, as limited as possible)

The purpose of the disclosure authorized herein is to: \_\_\_\_\_

\_\_\_\_\_  
(Purpose of disclosure, as specific as possible)

I understand that my records are protected under the 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 as follows:

\_\_\_\_\_  
(Specification of the date, event, or condition upon which this consent expires)

Date \_\_\_\_\_ Signature of Peer \_\_\_\_\_

Signature of Parent/Authorized Representative (where required) \_\_\_\_\_

Witnessed by: \_\_\_\_\_

PROHIBITION ON REDISCLOSURE  
OF INFORMATION CONCERNING CLIENT  
IN ALCOHOL OR DRUG ABUSE TREATMENT

This notice accompanies a disclosure of information concerning a person in alcohol/drug abuse services, made to you with the consent of such person. This information has been disclosed to you from records protected by Federal confidentiality rules (42 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 services recipient.