

THE BARRACKS RECOVERY

RELEASE OF INFORMATION (ROI)

This form allows The Barracks Recovery to share and receive information necessary to support your recovery, ensure compliance with court programs, and coordinate care with treatment providers. Your information will be protected under all applicable privacy laws, including HIPAA and 42 CFR Part 2, where applicable.

CLIENT INFORMATION

Full Name: _____

Date of Birth: _____

Phone: _____

I AUTHORIZE THE BARRACKS RECOVERY TO:

- Release Information To
- Obtain Information From

The following individual(s), provider(s), agency(ies), or court(s):

INFORMATION TO BE RELEASED OR RECEIVED

(Select all that apply)

- Verification of Residency
- Program Attendance
- Drug & Alcohol Testing Results
- Compliance with House Rules
- Progress Updates
- Financial/Payment Status
- Treatment Plans or Assessments
- Court or Probation Requirements
- Other (specify): _____

PURPOSE OF DISCLOSURE

- Coordination of Care
- Accountability Court Requirements
- Probation/Parole Monitoring
- Emergency Contact
- Case Management
- Other: _____

EXPIRATION & REVOCATION

This authorization will remain in effect until:

- My discharge from The Barracks Recovery
- One year from the date signed
- Other: _____

I understand I may revoke this authorization at any time by submitting a written request. Revoking this authorization will not apply to information already released.

CONFIDENTIALITY NOTICE

I understand that once information is disclosed, it may be re-disclosed by the recipient and may no longer be protected by federal privacy laws. The Barracks Recovery will only release information permitted under law and necessary for my care or compliance.

Resident Signature: _____

Printed Name: _____

Date: _____

Staff Signature: _____

Date: _____