

**RELEASE OF INFORMATION (ROI)
FOR CHEMICAL DEPENDENCY (CD) SERVICES**

MULTI-PARTY CONSENT FORM

Consent for the Release of Confidential Alcohol or Drug Treatment Information

I, _____ (NAME OF CLIENT)

_____ (DATE)

Authorize _____ (NAME OF ALCOHOL/DRUG PROGRAM MAKING DISCLOSURE)

1. _____

AND

2. _____ (NAME OF CARE COORDINATION ORGANIZATION)

AND

3. _____ (ALLIED CARE PROVIDERS)

a. _____

b. _____

c. _____

d. _____

f. _____

g. _____

h. _____

to communicate with and disclose to one another the following information:
(NATURE OF THE INFORMATION, AS LIMITED AS POSSIBLE)

[initial each category that applies]

_____ my name and other personal identifying information

_____ my status as a patient in alcohol/drug treatment

_____ initial evaluation

_____ date of admission

_____ assessment result and history

_____ summary or treatment plan, progress and compliance

_____ attendance

_____ date of discharge and discharge status

_____ employment-related information

_____ educational and training-related information

_____ Other:

