



CONSENT FOR THE RELEASE OF TREATMENT INFORMATION

I, _____, authorize Amethyst Foundation, Inc. Impaired Driver Intervention Program (IDIP) to release and receive information to/from the following referral agency:

The purpose of these disclosures authorized herein is to:

1. Provide information that will be used in the development and/or facilitation of my Treatment Plan for further counseling requirements;
2. Determine if my further counseling requirements, as outlined in the Impaired Driver Intervention Program Treatment Plan (from form IDIP-022), or an acceptable alternative developed by a NH LADC, has been implemented; and
3. Provide all relevant information pertaining to successful IDIP program completion status pursuant to RSA 263:65-a, including client diagnosis and/or assessment, the rationale for diagnosis and/or assessment and significant supportive data and evaluation of the client's present risk to recidivate and/or experience further alcohol/drug related motor vehicle problems.

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 in writing at any time except to the extent that action has been taken in reliance on it. This consent expires upon successful completion of the Impaired Driver Intervention Program as described in the He-A 700 New Hampshire rules.

Client Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____

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IDIP-020 (02/09)

White – IDIP

Yellow – Client