



CONSENT FOR THE RELEASE OF TREATMENT INFORMATION

I, _____, authorize the Amethyst Foundation, Inc. Impaired Driver Care Management Program (IDCMP) to release and receive information to and from the following agency or individual cited under New Hampshire Code of Administrative Rule (He-A 510.10):

The purpose of these disclosures authorized herein is to:

1. Provide information that will be used in the development, management and facilitation of my Alcohol and Drug Abuse Screening (New Hampshire Code of Administrative Rule He-A 507.02), Substance Use Disorder Evaluation (He-A 507.03) and Individual Service Plan for Treatment and Recovery (He-A 507.04);
2. Determine if my Individual Service Plan for Treatment and Recovery requirements, as outlined in the Substance Use Disorder Evaluation and applying the minimum duration of counseling and number of clinical sessions (He-A 507.04) has been implemented; and
3. Provide all relevant information pertaining to successful Impaired Driver Care Management 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 Care Management Program as described in the New Hampshire Code of Administrative Rules (He-A 500).

Client Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____