



## Red Letter House Release of Information

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby consent and authorize "Red Letter House" Sober Living to release and obtain information and records protected by Federal Confidentiality Rules (42 CFR Part 2) to the following persons and entities:

Name of person/entity: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

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Email: \_\_\_\_\_

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Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person/entity: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

Name of person/entity: \_\_\_\_\_

Telephone #: \_\_\_\_\_

Email: \_\_\_\_\_

**Information to be disclosed includes the following items:**

- Proof of residence
- Discharge summary
- Progress notes
- Any other addiction records
- Urinalysis Results
- Other: \_\_\_\_\_

By signing below I understand this release and give my authorization; I also understand that I may revoke this authorization at any time.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date of Authorization: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

**ONLY COMPLETE THIS SECTION IF YOU WISH TO REVOKE AUTHORIZATION**

I revoke this authorization on (mm/dd/yyyy) \_\_\_\_\_.

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Staff Printed Name: \_\_\_\_\_

Staff Signature: \_\_\_\_\_