

Telephone Recovery Support Consent

I authorize Connecticut Community for Addiction Recovery to place a phone call to me on a weekly basis at the number provided below.

Name _____

Address _____ City _____ State _____ Zip _____

Phone Number _____ Alt. Phone Number _____

Date of Birth _____ Referred By (Agency/Provider) _____

Best time to be called _____ am / pm Spanish Speaking Only Yes / No

DO NOT leave message on Answering machine

The purpose of the disclosure authorized in this consent is to: **provide telephone recovery support.**

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

I understand and agree to the following:

1. I grant permission for a volunteer from Connecticut Community for Addiction Recovery (CCAR) to call me at the telephone number above to support me in my recovery.
2. Each time the CCAR volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., meetings in area, recovery community centers, safe/sober housing, social events, other resources)
3. At the time of a call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
4. At any time I may decide not to take part in this service, I will call CCAR at 1-877-676-CCAR or tell the volunteer when he/she calls.

Date

Signature of Client

Fax to: **1-877-840-2703**

