



**SOUTHEASTERN NEW HAMPSHIRE SERVICES
 IMPAIRED DRIVER CARE MANAGEMENT PROGRAM
 272 COUNTY FARM ROAD
 DOVER, NEW HAMPSHIRE 03820
 (603) 516-8160 * FAX (603) 749-3983**

CONSENT FOR THE RELEASE OF TREATMENT/CONFIDENTIAL INFORMATION

I, _____, _____ authorize
 (Name of Client) (Date of Birth)

Southeastern New Hampshire Services Impaired Driver Care Management Program to release to and receive information from:

Phone: _____

The purpose of these disclosures authorized herein is to:

1. Provide information that will be used in the development and/or facilitation of my Service Plan for further counseling requirements;
2. Determine if my further counseling requirements, as outlined in the Impaired Driver Intervention Care Management Program Service Plan (from form IDCMP-022), or an acceptable alternative developed by a NH LADC/approved provider, has been implemented;
3. Provide all relevant information pertaining to successful IDCMP program completion status pursuant to the relevant RSA, including screening outcome, 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 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 the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR 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 in writing at any time except to the extent that action has been taken in reliance on it. This consent expires automatically, 365 days after successful completion of the Impaired Driver Care Management Program.

Client Signature: _____ Date: _____

Witness Signature: _____ Date: _____

The information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2.