



2019 HOPE Consortium Release of Information for HOPE Grant Participants

Authorization for the Release of Confidential Information about Alcohol or Drug Treatment and Other Protected Health Information through the REDcap Database

I, (name of patient and DOB) _____

authorize all HOPE Consortium member alcohol and drug programs where I have been enrolled or treated and other HOPE Consortium member health care providers and entities participating in the REDcap database component of the HOPE Consortium to disclose/make information available through the REDcap database to HOPE Consortium member provider participants for electronic exchange. I also authorize the disclosure of this information to the following HOPE Consortium member agencies so they can gain access to and use the information for the purpose of providing me with treatment and care coordination:

DLM Consulting, LLC 12340 Warpath Lane Minocqua, WI 54548 715-356-5811	Family Health Center of Marshfield, Inc. – Alcohol & Drug Recovery Center 9792 Highway 70 West Minocqua, WI 54548 715-358-7377
Forest County Potawatomi Community 5416 Everybody’s Rd. Crandon, WI 54520 715-478-4370	Iron County Human Services 300 Taconite St., Ste. 201 Hurley, WI 54534 715-561-3636
Price County Health and Human Services 104 South Eyder Avenue P.O. Box 88 Phillips, WI 54555 715-339-2158	The Human Service Center 705 E. Timber Dr. P.O. Box 897 Rhineland, WI 54501 715-369-2215
Northland Counseling Services 300 Taconite St., Ste. 201 Hurley, WI 54534 715-561-3636	Marshfield Clinic, Inc. 1000 N. Oak Marshfield, WI 54449 715-387-5511
Options Counseling/Koinonia Residential Treatment Center 1991 Winnebago St. Rhineland, WI 54501	Lac du Flambeau Band of Lake Superior Chippewa Indians 418 Old Abe Rd. Lac du Flambeau, WI 54538
Ascension Koller Behavioral Health 1020 Kabel Ave. Rhineland, WI 54501 715-361-2805	This box left intentionally blank.

Information to be disclosed (please initial):

___All data entered into the HOPE Consortium REDcap database including drug and/or alcohol treatment information. This information includes, but is not limited to: test results, Substance Use Disorder (SUD) diagnoses, appointment information, quality of life indicators, and demographic information. Treatment notes are NOT entered into this database.

Withdrawing Consent: I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

- One year from the date of signature _____(enter expiration date)

OR

- If the HOPE Consortium REDcap database ceases operations.

Re-disclosure of Information: I understand that any electronic health information about me may not be re-disclosed by HOPE Consortium entities covered by this consent to others except as allowed by state and federal regulations.

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 understand that I will not be denied services if I refuse to sign this form, but I will not be able to be a HOPE Grant participant.

I have been provided a copy of this form.

Dated_____

Signature of Patient_____

Witness_____