

Washington County



Recovery Engagement Team

REFERRAL FORM

If you, or someone you care about, has had a suspected overdose, a drug-related health issue, or has disclosed a substance abuse addiction, would you like to make a referral to the **Washington County Recovery Engagement Team** or the **Marietta City Recovery Engagement Team** for more information on treatment options?

The **Recovery Engagement Team** is an integrated community group comprised of a law enforcement, Substance Use Disorder (SUD) professionals, and a peer recovery supporters. Once the team receives this referral, they will make a contact with the person referred and discuss resources and treatment options. They will help connect you to the services that you feel will be the best choice for you.

****PLEASE NOTE:** Your medical records will remain confidential and privacy will be protected. The **ONLY** information that will be disclosed is the information on this form.

Date _____ Referred By: _____

Name of Person Being Referred: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Race: _____ Gender: _____ Age/DOB: _____

Drug(s) of Choice

Brief Summary/History of Person Being Referred:

Signature

Name (Printed) and Date

_____ YES, I agree to be contacted by the RET Team.

_____ NO, I decline the offer for treatment options at this time.

Witness and Date

Complete and return this form to Tara Plaughter, Recovery Advocate: tplaughter@wcbhb.org