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**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE CLIENT RECORDS**

**ALCOHOL AND DRUG ABUSE DISCLOSURE STATEMENT**

The confidentiality of alcohol and drug abuse client records maintained by Barbara Beardsley is protected by federal laws and regulations. Generally, the program may not say to a person "outside" the program that a client attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The client consents in writing;
2. The disclosure is allowed by a court order;
3. The disclosure is made to medical personnel in a medical emergency, or to qualified personnel for research, audit, or program evaluation; or
4. The client commits or threatens to commit a crime either at the program or against any person who works for the program.
5. Any client who is a danger to him/herself must be reported to the proper authorities.
6. Federal laws and regulations do **not** protect any information about suspected child or elder abuse/neglect from being reported under state law to appropriate state or local authorities.

Violation of federal laws and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs.

Federal regulations provide that a disclosure is to be made about a client to those persons with the criminal justice system (who have made participation in the program a condition of the depository or the criminal proceeding), the consent form authorizing that disclosure can be "**irrevocable**" until there is a substantial change in the client's criminal justice system status (see 42 CFR Part II, 2:35 for the complete statute and regulation governing criminal justice system referrals).

Federal confidentiality prohibits making any further disclosure of ALCOHOL OR DRUG DIAGNOSIS AND TREATMENT INFORMATION (Federal Regulation 42 CFR Part II) 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 II. A general authorization for the release of medical or other information is not sufficient for this purpose.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date