

# COOK INLET COUNSELING

P.O. BOX 882 KENAI, ALASKA 99611  
KENAI PHONE 283-3658 ♦ HOMER PHONE 235-8001

## CONSENT FOR FOLLOW UP CONTACT

I, \_\_\_\_\_ give Cook Inlet Counseling and their follow-up staff permission to contact me to follow-up on my status in recovery and my general wellbeing. I understand that my participation is voluntary and that the program will follow its confidentiality policies and procedures regarding my communication with them.

*I understand that any and all information in my records is protected under Federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and HIPAA 1996, and cannot be disclosed without my written consent unless otherwise provided for in the regulations (in a covered life-threatening emergency, child abuse or neglect, threatened or actual crime at this program or against staff or appropriate court order by a judge) With this understanding, I am authorizing release of the above specified information for the purpose(s) noted below. The recipient of this information may not disclose any of it without my further written consent except as provided for by Federal regulation 42 CFR Part 2 and HIPAA.*

I understand that the purpose of the contacts will be to provide support and encouragement for my status in recovery as well as research documentation. All research information is used without patient identifying information. I further understand that I can withdraw this permission at any time by writing to: Cook Inlet Counseling, P.O. Box 882, Kenai, Alaska 99611 and will expire ***after the completion of the one year follow up contact.***

The best way and time of day to reach me is:

Home Phone \_\_\_\_\_

Cell Phone \_\_\_\_\_

Work Phone \_\_\_\_\_

Personal e-mail address (optional) \_\_\_\_\_

I can also be contacted by mail at this address: \_\_\_\_\_

You also have permission to contact the following person(s) in order to get information as to where I may be contacted:

1. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

2. Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Phone: \_\_\_\_\_

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff Signature

\_\_\_\_\_  
Date