

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

Name: \_\_\_\_\_ Social Security # \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

I authorize RPP to engage in 2 way communication with \_\_\_\_\_  
(Person or organization to whom disclosure is to be made) regarding the following  
information: Treatment data, attendance, test results, assessment results, concerns,  
and recommendations. The purpose of this disclosure is ongoing treatment and  
monitoring related issues regarding compliance with RPP and licensure requirements.

The release of this information could include but not be limited to the following forms:  
Electronic, Verbal, and Written.

**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 cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also 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: six months following discharge from RPP or completion of involvement with disciplinary actions with LLR, whichever comes last.**

\_\_\_\_\_  
(Participant Signature) (Date)

\_\_\_\_\_  
(Witness Signature) (Date)

**REVOCACTION OF CONSENT**

\_\_\_\_\_  
(Participant Signature) (Date)

\_\_\_\_\_  
(Witness Signature) (Date)

440 Knox Abbott Drive, Suite 220, Cayce, South Carolina 29033  
Telephone 803-896-5700 Toll Free 24hour helpline 1-877-349-2094  
Fax (803) 896-5710