

**Pittsburgh Sober living
Consent to Release/Obtain Confidential Information**

I, _____ Date of Birth _____ hereby consent to and authorize Pittsburgh Sober Living to release/obtain information to/from:

Name of person/Agency/organization

Phone

The following information is pertaining to myself. The information to be disclosed is:

- WHETHER THE INDIVIDUAL IS OR IS NOT IN TREATMENT
- PROGNOSIS/DIAGNOSIS OF THE INDIVIDUAL
- THE NATURE OF THE PROJECT
- A BRIEF DESCRIPTION OF THE INDIVIDUAL'S PROGRESS
- WHETHER OR NOT THE INDIVIDUAL HAS RELAPSED
- OTHER (Please specify) _____

The information is needed for the following purpose:

- TO PROVIDE ONGOING TREATMENT/CONTINUING CARE/SUPPORTIVE SERVICES
- TO PROVIDE EDUCATION SERVICES
- TO ENABLE JUDGES, ATTORNEYS, PROBATION/PAROLE OFFICERS TO SUPPORT TREATMENT GOALS AND/OR MAKE LEGAL DECISIONS ON THE INDIVIDUAL'S BEHALF
- TO OBTAIN INSURANCE, EMPLOYMENT OR GOVERNMENT BENEFITS
- REFERRAL TO CASE MANAGEMENT AND RECOVERY SUPPORT SERVICES
- OTHER _____

I understand that the above information has been disclosed from records where federal and state law protect confidentiality, federal regulations (42CFR part2) and state regulations (4PA code 255.5) prohibit any further disclosure, unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

I understand that I need not consent to the release of information in order to obtain services. I choose to do so willingly and voluntarily for the purpose specified above. The duration of this authorization, if for this admission, will expire after **three hundred sixty-five days, unless I specify a date, event, or condition upon which it will expire sooner**. I understand that I may revoke this consent at any time by notifying my house owner verbally or in writing and by signing this form except to the extent that action has been taken in reliance on my consent.

I have been offered a copy of the document and I have accepted refused.

Signature of Individual

Date

Signature of Witness

Date

I, _____ have REVOKED this consent on _____.