

FRANCINE FARRELL & ASSOCIATES, PC

LICENSED MARRIAGE AND FAMILY THERAPIST

CERTIFIED ALCOHOL AND DRUG COUNSELOR

PACIFIC ASSISTANCE GROUP - NORTH

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
TO “CONCERNED ENTITY” UNDER THE TERMS OF MONITORING AGREEMENT**

I, _____, hereby authorize
(participant name printed)

Francine Farrell / Case Manager / Pacific Assistance Group

and

WORKSITE MONITOR

Name: _____

Company: _____

Address: _____

City/State/Zip: _____

Telephone: () _____ - _____

Email: _____@_____._____

to communicate with and disclose to one another information about my alcohol and drug treatment, medical and mental health care, diagnostic history, behavioral observations and the status of my participation and compliance with my Monitoring Agreement. I consent to verbal, written, email and fax communication & reporting.

The purpose of and need for the disclosure is:

- ✓ To facilitate workplace monitoring and reporting
- ✓ To allow disclosure of compliance issues or withdrawal from program pursuant to monitoring agreement reporting to “concerned entities”
- ✓ To provide regular reports and as requested by Hospital / Well Being Committee / Employer

This consent may NOT be revoked prior to report by the monitor in compliance with the terms of the monitoring agreement. I hereby instruct Francine Farrell, or her designee, to report to my concerned entity any noncompliance, positive alcohol/drug tests, missed alcohol/drug tests, or withdrawal from the program. Revocation of this consent prior to completion of my agreement with Francine Farrell for Monitoring Services may be considered non-compliance with the terms of that agreement. If not previously revoked, this consent will terminate in five years, or 90 days following completion of my agreement with Francine Farrell, whichever occurs last.

Information disclosed is protected by Federal confidentiality rules (42 CFR part 2). The federal rules prohibit further disclosure of this information 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 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

_____ Date _____
(Participant Signature)