

FRANCINE FARRELL & ASSOCIATES, P.C.
PROFESSIONAL MONITORING & SUPPORT SERVICES

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

To the extent possible under federal and state law, I consider all my records, including the records concerning my activity with Pacific Assistance Group and/or Francine Farrell & Associates, PC to be privileged and confidential. I therefore give my permission for Francine Farrell & Associates, PC (PAG), including Staff and Assigned Case Manager, to give reports to and receive reports from the person(s) or agency(ies) named below. I understand these reports will contain information regarding my involvement with this Monitoring Program and will include information regarding any substance abuse and/or mental health problems I may have and information regarding my progress in recovery. Any limitations regarding the content of information in these reports are as defined below. I further acknowledge that the purpose of these reports were explained to me and that this consent is given of my own free will.

1. **First Source, Collectors, Collection Sites: For the purposes of UA / Blood / Hair collection and testing**
2. **Francine Farrell & Associates, PC, including staff, case managers, collectors, and any group facilitators.**
3. Work Site Monitor: _____
Report Limitations: _____
4. Hospitals where I have privileges:
1. _____ 2. _____ 3. _____
Report Limitations: _____
5. Representative of hospital administration: _____
Report Limitations: _____
6. Employer or Physician Associate: _____
Report Limitations: _____
7. Spouse or Significant Other: _____
Report Limitations: _____
8. Personal Physician / Dentist: _____
Report Limitations: _____
9. California Medical Board: _____
Report Limitations: _____
10. Others: a. _____
b. _____

I understand these reports may be made by telephone, fax, email, and/or mail. I authorize transmission by these methods unless noted under “Report Limitations” above.

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 5 years, or 90 days following completion of my agreement with Francine Farrell (whichever occurs last).

_____ Date _____
(Participant Signature)