

PARTICIPANT NAME: _____ LICENSE NO: _____

**REQUEST FOR MONITORING / PROGRESS REPORT
RELEASE OF CONFIDENTIAL INFORMATION**

Please indicate the names, addresses, titles and relationships of each organization you would like to have reports sent:

Name of person: _____
Title / Job: _____
Organization: _____
Address: _____
City: _____ State: _____ Zip: _____
Telephone: () _____ - _____

<input checked="" type="checkbox"/> email _____@_____.	OK to email
--	-------------

Date initial report is due: ____/____/20__.

Purpose of report: _____
_____.

Other information relevant to this report: _____

_____.

A signed consent to release confidential information MUST accompany this request.

Is a signed release attached? Y / N

Is this a one-time report, or do you want additional reports sent?
___ one-time ___ monthly ___ quarterly ___ semi-annual

I understand that reports should be requested 14 days in advance, as preparation time is required. Quarterly reporting to one concerned entity is generally included in the monitoring fee. Additional reports are billed at a minimum of \$75.00 each. Lengthy or time-consuming reports may be billed at \$190.00 per hour. Time may include a review of file and compliance issues prior to report being issued.

I authorize preparation, release and billing of this report.

Participant Signature: _____ Date _____

CONTINUED ON PAGE 2 • ROI MUST BE INCLUDED WITH REQUEST

PROFESSIONAL MONITORING & SUPPORT SERVICES

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION
TO "CONCERNED ENTITY" UNDER THE TERMS OF MONITORING AGREEMENT

I, _____, hereby authorize
(Name of Participant – printed)

Francine Farrell / Monitoring Staff / Assigned Case Manager

and

Concerned Entity:

T () _____.

Email Address: _____@_____ . _____ Okay to email report? Yes _____ No _____

Fax: () _____ - _____ Okay to fax report? Yes _____ No _____

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.

The purpose of and need for the disclosure is:

- ✓ To facilitate monitoring and reporting
- ✓ To allow disclosure of participation, compliance issues or withdrawal from program pursuant to monitoring agreement reporting to "concerned entities"
- ✓ Other: To provide quarterly or updated reports as requested
- ✓ To provide participation detailed report and test results if checked here: Yes

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).

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)