Informed Consent to Receive Recovery Coach Support Services

The purpose of the disclosure authorized in this consent is to receive recovery support. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts. 160 & 164 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. I understand and agree to the following:

* I grant permission for a Reality Check coach to contact me at my provided phone number, and/or email address to support me in my recovery and to schedule coaching sessions;
* I agree to participate in an in-person Government Performance Reporting Act (GPRA) Assessment during my 2nd session with my recovery coach, again at the time of discharge, and 6 months after the initial GPRA has been conducted
* A recovery coach will support me in creating an Initial Recovery Plan during our 3rd session which will be referred to throughout my services
* A recovery coach will conduct a needs assessment with me once a month
* If at any time I decide not to participate in this program, I will contact Reality Check or tell the coach when he/she contacts me

Federal law permits Reality Check to disclose information about the services your receive without your permission in the following cases:

1. Pursuant to an agreement with a qualified service organization/business associate;
2. For research, audit, or evaluation;
3. For information necessary for supervision or consultation;
4. To report a crime committed on Reality Check property or against Reality Check personnel;
5. To medical personnel in a medical emergency;
6. To appropriate authorities to report suspected child or elder abuse and/or neglect;
7. To appropriate authorities if the participant poses an imminent danger to self or others;
8. As allowed by court order

*Before Reality Check can use or disclose any information about your health in a manner which is not described above, we must first obtain your specific written consent allowing such disclosure. Any such written consent may be revoked by you in writing.*

Complaints & Reporting Violations

If you feel that your privacy rights have been violated under HIPAA, you may file a complaint with Reality Check Administrative Staff, the HIPAA Privacy Officer at NHDHHS, 129 Pleasant Street, Concord, NH 0330, and/or the Secretary of the United States Department of Health and Human Services at 200 Independence Avenue S.W., Washington, D.C. 2020. Reality Check will take no retaliatory action against you if you file a complaint about our privacy practices.

Acknowledgement: I hereby acknowledge that I received a copy of this notice

Effective Date: Participant Signature: Staff Signature:

Date: Date: