

COACH RUSTY INFORMED CONSENT FORM

Informed Consent to Receive Recovery Coaching 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:

1. I grant permission for Rusty Nokes, coach, to contact me at my provided phone number, and/or email address to support me in my recovery and to schedule coaching sessions.
2. A Recovery Coach will support me in creating an Initial Recovery Plan during our first session.
3. Each time the coach meets with me in-person or by phone, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e. meetings in the area, safe/sober housing, social events, other resources).
4. At the time of each session, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
5. If at any time I decide not to take part in this program, I will contact Coach Rusty to let him know.

Federal law permits Coach Rusty to disclose the following information without your permission:

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

Before Coach Rusty 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 Rusty Nokes, 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. Rusty Nokes 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: _____

_____ Date: _____

Staff

Signature: _____ Date: _____