

# Release and Collection of Confidential Information

CONFIDENTIAL | REVISED October 2007

**Client ID #**

I \_\_\_\_\_,  
 give permission to the Alberta Alcohol and Drug Abuse Commission to contact:

<b>TO/FROM</b>	Name:	_____	_____
		LAST	FIRST
	Organization:	_____	
	Title/Relationship:	_____	
	Address:	_____	Province: _____
		_____	Country: _____
	City:	_____	Postal Code: _____
	Phone: (    )	_____	Fax: (    ) _____

<b>WHAT INFORMATION</b>	<b>To release verbally or in writing:</b>	<b>To collect verbally or in writing:</b>
	<p><i>Please check the following information to be released.</i></p> <p> <input type="checkbox"/> Assessment                      <input type="checkbox"/> Participation  <input type="checkbox"/> Attendance                        <input type="checkbox"/> Program Dates  <input type="checkbox"/> End—Summary &amp;                <input type="checkbox"/> Progress Summary              Recommended Actions        <input type="checkbox"/> Treatment Plan  <input type="checkbox"/> Other (<i>Please specify</i>)            _____            _____            _____         </p>	<p><i>Please check the following information to be collected.</i></p> <p> <input type="checkbox"/> Assessment                      <input type="checkbox"/> Participation  <input type="checkbox"/> Attendance                        <input type="checkbox"/> Progress Summary  <input type="checkbox"/> Relevant History                    <input type="checkbox"/> Reason for Referral  <input type="checkbox"/> Other (<i>Please specify</i>)            _____            _____            _____         </p>

<b>PURPOSE</b>	<b>The information I have consented to for purpose of disclosure shall only be used for the following reasons:</b>
	<i>Please describe how the information will be used.</i>
	_____
	_____

<b>CONSENT</b>	I understand that provision of treatment services is not dependent upon my decision to release information and that I may cancel this consent at any time. I also understand that some action may have been taken prior to cancellation.
	<b>Client Signature:</b> _____
	<b>Witness:</b> _____
	<b>Date Signed:</b> ____  ____  ____ Y/Y/Y/Y       M/M/M       D/D
	<b>Permission will Expire on:</b> ____  ____  ____ Y/Y/Y/Y       M/M/M       D/D

<b>CANCEL</b>	I, _____ cancel this permission. I understand that some action may have been taken prior to this cancellation.
	<b>Client Signature:</b> _____
	<b>Witness:</b> _____
	<b>Date Signed</b> ____  ____  ____ Y/Y/Y/Y       M/M/M       D/D

**A faxed or photocopied release shall be valid as original.**

This information is being collected under the authority of the Alcohol and Drug Abuse Act in order to improve AADAC services. If you have any questions regarding this collection, please contact the manager/supervisor at the facility providing you with the service.

**DEFINITIONS OF THE INFORMATION CATEGORIES TO BE RELEASED:**

- Assessment:** A summary of the results of the screening assessment process completed with you at AADAC
- Attendance:** A summary of your attendance at AADAC treatment
- End - Summary and Recommended Actions:** The notes that are written at the end of your treatment at AADAC
- Participation:** A description of your behaviour during treatment at AADAC
- Program Dates:** The dates that you have attended or will be attending treatment at AADAC
- Progress Summary:** A summary of your changes during treatment at AADAC
- Treatment Plan:** A copy of the goals and actions for your treatment at AADAC
- Other:** Clearly describe any other information, or give details about the information, to be released by AADAC.

**DEFINITIONS OF THE INFORMATION CATEGORIES TO BE COLLECTED:**

- Assessment:** A summary of the results of the assessment completed with you by an outside professional
- Attendance:** A summary of your attendance at appointments with an outside professional
- Participation:** A description of your behaviour during appointments with an outside professional
- Reason for Referral:** Information from an outside professional about why you were referred to AADAC for treatment
- Relevant History:** Background information about you that is relevant to the treatment AADAC will provide
- Treatment Summary:** A summary of the treatment provided to you by an outside professional
- Other:** Clearly describe any other information, or give details about the information, to be collected from an outside professional.