

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION
Consent for Rediscovery

Individual's Name: _____ **Today's Date:** _____

Date of Birth: _____

I, _____, do hereby consent to and authorize _____ to release the following information to the **Lancaster County Drug & Alcohol Commission Designate** for redisclosure to:

Name: _____

Title or Relationship to Participant: _____

Agency Name: _____

Full Address: _____

Telephone/Contact Information: _____

It has been explained to me and I understand that the information released will be restricted to the following:

- Whether I am or am not in treatment/treatment-related services
- My reported treatment prognosis
- The nature of the treatment project
- A brief description of my treatment progress
- A short statement as to whether I relapsed into drug or alcohol use while in treatment and the frequency of such relapse
- Other (*specify*) _____

Furthermore, it has been explained to me and I understand that the reason for the re-disclosure by the LCDAC Designate is solely for the purpose of:

- Providing treatment status reports
- Coordinating treatment efforts
- Coordination of and status report of my identified treatment-related needs
- Other (*specify*) _____

