

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

Consent for Redislosure
Multiple Treatment Facilities

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 redislosure to:

Please check all that apply

- T.W. Ponessa and Associates Designate**, 410 North Prince Street, Lancaster, PA 17603, Phone-1-866-769-6822
- PA Counseling Services Designate**, 40 Pearl Street, Lancaster, PA 17603, Phone-717-397-8081
- White Deer Run's Pennsylvania Treatment Access Center Designate**, 2860 Dekalb Pike East Norriton PA 19401, Phone-1-866-769-6822
- Pyramid Health Care Admissions Department Designate**, 256 Lakemont Park Blvd. Altoona, PA 16602, Phone- 1-888-694-9996 extension 7200
- PA Adult and Teen Challenge Designate**, 33 Teen Challenge Road, Rehrersburg, PA 19550, Phone- 1-844-888-8085
- Gaudenzia Fountain Springs Designate**, 95 Broad Street, Ashland, PA 17921, Phone- 1-570-875-4700
- Gaudenzia Vantage Designate**, 212 ½ East King Street, Lancaster, PA 17602, Phone- 717-291-1020
- Gaudenzia House of Healing Designate**, 146 West 25 Street, Erie, PA 16502, Phone- 814-315-6671
- Gaudenzia Common Ground Designate**, 3740 Chambers Hill Rd, Harrisburg, PA 17111, Phone- 717-238-5553
- Treatment Trends Keenan House Designate**, 18-22 S. 6th Street, Allentown, PA 18105, Phone-610-439-8479
- Firetree Ltd. Designate**, 2913 Windmill Road, Suite 10 Sinking Spring, PA 19608, Phone: 570-601-0877
- Eagleville Hospital Designate**, 100 Eagleville Road, Eagleville, PA 19408-0045, Phone- 610-539-6000

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Consent for Rediscovery
Multiple Treatment Facilities

Avenues Recovery Center at Valley Forge Designate, 1033 W. Germantown Pike, Norristown, PA 19403, Phone- 610-539-6065

Roxbury Treatment Center Designate, 601 Roxbury Road, Shippensburg, PA 17257, Phone- 1-800-648-4673

Nuestra Clinica Residencial Designate, 50 East New Street Lancaster, PA 17602, Phone- (717) 431-1435

Other (*specify*) _____

Other (*specify*) _____

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

- Whether or not I am in treatment/treatment-related services
- My reported treatment prognosis
- The nature of the treatment project
- A brief description of progress
- A short statement as to whether I relapsed
- Other: _____
(specify)

Furthermore, it has been explained to me and I understand that the reason for the rediscovery of the information is solely for the purpose of:

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

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I understand that the information being disclosed is from the records in which the confidentiality of its contents is protected by Federal and State Regulations: 42 CFR Part 2 and 4 Pa. Code § 255.5. Federal Regulation 42 CFR, Part 2 prohibits any further disclosure, unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is not sufficient for this purpose.

I understand that I may revoke this consent at any time by notifying (verbally or in writing) a LCDAC staff or designate, except to the extent that action has been taken in reliance of my consent AND/OR, when applicable, if I am a client of the criminal justice system in which there has been a formal action by a Judge or documentation that the DA is putting me on ARD AND where copies of the legal order that state I must be in treatment to continue under such a disposition are in my client record, then and only then, federal regulations 42 CFR Part 2, Subpart C, 2.35 , stipulate that I cannot revoke the consent to release drug & alcohol treatment information to the criminal justice system until after the court stipulated condition has been met.

Individual's Signature _____
Date

Witness Signature _____
Date

Expiration Date: _____ (Specify date, event, or conditions)

Check appropriate box: I have accepted a copy of this document I have declined a copy of this document