

Printed Name: _____

TAPNET CONSENT TO DISCLOSE INFORMATION TO LICENSING BOARDS: THIRD PARTY REFERRAL

NOTE: To be completed only by participants who are third party referrals. Self-referrals must complete the self-referral consent form. Counselors who are third party referrals who are non-compliant, who elect not to participate or who do not successfully complete TAPNET will be reported to the Texas Department of State Health Services.

In the event I elect not to participate in TAPNET, withdraw, am noncompliant, am dismissed or otherwise do not successfully complete the TAPNET program, I, _____ (Print Name) authorize the Texas Addiction Professionals Peer Assistance Network (TAPNET) to disclose to the Texas Department of State Health Services and/or the Texas Certification Board of Addiction Professionals (TCBAP).

For the purpose of ensuring that I do not engage in counseling practice that may be inconsistent with safe patient care and determining if any action should be taken against my counseling license, the following information or records, including that obtained from third-parties.

- Any information provided to TAPNET by the third party at the time of referral or any information relating to my practice prior to my referral;
- The results of any assessment, evaluation or diagnosis performed or used for the purpose of determining my eligibility or continued eligibility for TAPNET;
- The dates of my participation in TAPNET and my status in the program including any violations of the terms of participation and the reason for my dismissal or withdraw;
- Any professional judgments/conclusions (with supporting documentation) of health care providers that I am unable to practice counseling safely or that my practicing counseling would jeopardize patient care;
- The results of any drug tests; and
- Any information that TAPNET, in its sole discretion, determines is evidence that I have exposed or am likely to expose patients or others unnecessarily to a risk of harm.

I authorize the DSHS AND/OR TCBAP and any other licensing boards I have listed above to redisclose any information obtained under this consent to the same extent it discloses information relating to any complaint against a licensee.

I understand I may revoke this consent at any time except to the extent that TAPNET has taken action in reliance on it. I understand TAPNET is relying on this consent in permitting me to participate in the TAPNET program and will report me to the DSHS AND/OR TCBAP even if I revoke this consent. If not previously revoked, this consent will terminate 90 days after the licensing board had decided not to initiate any action against the Counselor's license. If the licensing board initiates action, this consent will terminate 90 days after final disposition of that action including any and all related appeals of the board's administrative decision.

Participant's Signature _____ **Case #** _____ **Date** _____

CONFIDENTIALITY OF ALCOHOL AND DRUG PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. The program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuse unless:

- (1) The patient consents in writing, OR
- (2) The disclosure is allowed by court order, OR
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation, OR
- (4) The patient commits or threatens to commit a crime either at the program or against any person who works for the program.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to the United States Attorney in the district where the violation occurs. Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42. U.S.C. § 290ee-3 for federal laws and 42 CFR Part 2 for federal regulations)

A condition of participation in TAPNET is that participants sign consent forms a) authorizing TAPNET to share information with health care providers/facilities and employers and b) consenting to TAPNET reporting the participant to the DSHS AND/OR TCBAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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