

Printed Name: \_\_\_\_\_

**TAPNET CONSENT TO RELEASE INFORMATION  
FAMILY MEMBER/ SIGNIFICANT OTHER/ EMERGENCY CONTACT**

I, \_\_\_\_\_ (Print Name) consent to the Texas Addiction Professionals Peer Assistance Network (TAPNET) and \_\_\_\_\_ (name of person(s) to which disclosure is to be made) \_\_\_\_\_ (Relationship) Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

To communicate and exchange all information relating to my participation in TAPNET:

- Information pertaining to a medical emergency and/or any evidence that I have exposed myself or am likely to expose myself or others to a risk of harm.

**Note: Section 467.007 of the Texas Health and Safety Code may require third parties consent to disclosure of information obtained from them, e.g., TAPNET will not disclose who reported a counselor to TAPNET without that person's consent. TAPNET also will not release information obtained from third parties if they have indicated disclosure would be harmful to the participant.**

The purpose of and need for the communication and disclosure of information is to facilitate a) my participation in the TAPNET program, b) my recovery from any problems I may be experiencing with substance abuse and/or mental illness, and c) my return to counseling practice in a manner that is conducive to both my recovery and safe patient care.

I understand that I can revoke this consent at any time except to the extent that action has been taken in reliance on it. If no specific date, event or condition is indicated and if consent was not previously revoked, this consent will terminate 60 days from the date I complete, withdraw or am dismissed from TAPNET.

Date, event, or condition upon which consent expires \_\_\_\_\_

Participant's Signature \_\_\_\_\_ Case # \_\_\_\_\_ Date \_\_\_\_\_

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**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.

TAPNET \* 1005 Congress Ave., Ste. 460, Austin, TX 78701 \* Phone (877) 4TAPNET \* Fax (512) 476-7297

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