

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

**TAPNET CONSENT TO DISCLOSE INFORMATION BETWEEN TAPNET AND HEALTHCARE PROVIDER**

*NOTE: This consent form is to be used only for exchange of information between TAPNET and Healthcare Providers*

I, \_\_\_\_\_ (Print Name) consent to the Texas Addiction Professionals Peer Assistance Network (TAPNET) and \_\_\_\_\_ (Healthcare facility or provider) Phone: \_\_\_\_\_ Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Type of Healthcare Provider: **CHECK ONLY ONE**

**Addiction Specialist** \_\_\_\_\_ **Psychiatrist** \_\_\_\_\_ **Therapist** \_\_\_\_\_ **Primary Care Physician** \_\_\_\_\_ **Dentist** \_\_\_\_\_ **Other** \_\_\_\_\_  
**If Other, please specify** \_\_\_\_\_

To communicate and exchange all information relating to my participation in TAPNET and any health care I am receiving or have received including:

- My status in TAPNET including my withdraw or dismissal,
- Any problems I may be experiencing with substance abuse or mental illness,
- Any assessment, diagnostic, treatment, rehabilitation or aftercare services I am receiving or have received, and
- My ability to practice counseling

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.

I understand that TAPNET is relying on this consent in permitting me to participate in the TAPNET program and that in the event I withdraw or am dismissed from the program, TAPNET may notify the above provider that I have withdrawn or been dismissed from the program even if I revoke this consent and that the provider likewise may notify TAPNET if I leave treatment. If not previously revoked, this consent will terminate 60 days after I complete, withdraw or am dismissed from TAPNET.

**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 TCBAAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

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