

**CONSENT TO DISCLOSE INFORMATION BETWEEN EMPLOYER AND GOVERNMENTAL AGENCIES
REGARDING TERMINATION FOR NONCOMPLIANCE IN TAPNET**

1. I, _____
(name of participant –please print)

consent to allow _____ ("Employer")
(name of employer- print)

to disclose to: **the Texas Workforce Commission and/or other governmental agency or court**

(name of government agency or court)

Adjudicating either a claim by me for unemployment benefits or a legal claim by me alleging inappropriate termination, the following relating to:

- the terms and conditions of my Return to Work Agreement under TAPNET ; and
- any substantial reason for my termination related to my failure to satisfactorily participate in TAPNET.

2. I understand that my TAPNET records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R., Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

3. The purpose of and need for the communication and disclosure of information is to facilitate full disclosure of all relevant information relating to:

- a claim for unemployment; and/or
- any legal claim for inappropriate termination.

4. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. I understand that, EMPLOYER has relied on this consent in employing or continuing to employ me. If not previously revoked, this consent will terminate **60** days after the final administrative decision of the TWC or governing agency or court, unless appealed by either party to a court of competent jurisdiction in which case, the release will remain valid until 60 days after all subsequent court appeals are completed.

(counselor participant’s signature)

(case number)

(date of signing)

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE 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 abuser unless:

- (1)The patient consents in writing; OR
- (2)The disclosure is allowed by a 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/TCBAP in accordance with TAPNET policies. Counselors not wishing to sign such consents are not eligible to participate in TAPNET.

TAPNET * 401 Ranch Road 620 S, Ste. 310, Austin, TX 78734 * Phone (877) 4TAPNET * Fax (888) 506-8125 www.tapnettx.org * admin@tapnet.org