

Release of Information
Pilgrim Ministries
260 Bartley Wilbanks Road
Clarkesville, GA 30523

Resident Name: _____

I understand by signing this form, I am allowing Pilgrim Ministries to disclose to and/or obtain information concerning the above named resident to: immediate family or legal guardian (mother, father, grandparents, sister or brother of legal age 18 yrs or older, wife), Pilgrim Ministries staff, Pilgrim Ministries Board of Directors, person responsible for bringing resident to the ministry, and any legal obligation to court system (including judges, lawyers, probation officers, or parole officers).

Description of Information to be Disclosed

Health Related Information	Drug/Alcohol Testing Information	Medication List
Program Progress	Assessment/Diagnosis	Payment Information
Presence/Participation in Program	Conduct/Misconduct in Program	Outsourced Counseling

The purpose of this disclosure is to have open communication and necessary information with key people in the resident's life for the well being and improvement of the resident's progress.

This authorization is voluntary and I may cancel this consent to release information at any time by sending a written notice to Pilgrim Ministries at the address above. I understand that any release which was made prior to my cancellation in compliance with this authorization shall not constitute a breach of my rights to confidentiality. Disclosure of this information carries with it the potential for unauthorized re-disclosure and once information is disclosed it may no longer be protected by federal privacy regulations. I understand that I may review the disclosed information or ask questions contacting Pilgrim Ministries at the above address.

I further understand that Pilgrim Ministries may not require this form as a condition of residency. However, when the provision of services is solely for purpose of fulfilling the obligation of a court ruling such as a conditional bond to the ministry from the court, sentencing to the ministry from a court, or requirement from a probation or parole officer of the court of the resident to enter in and complete a length of residency in the ministry refusal to sign may result in the denial of entrance into the ministry.

Federal law prohibits the person or organization to whom disclosure is made from making any further disclosure of substance abuse information unless further disclosure is expressly permitted by the written authorization of the person to whom it pertains or as otherwise permitted by 42 C.F.R. Part 2. Other types of information may be re-disclosed by the recipient of the information in the following circumstances:

This agreement will expire upon completion of residency at Pilgrim Ministries, obligation to court personnel has been met, or termination of residency at Pilgrim Ministries whether voluntarily or dismissal.

Signature of Resident

Date

Signature of Director Pilgrim Ministries

Date

Specific Authorization for Release of Information Protected by State or Federal Law

I specifically authorize the release of data and information related to the provisions as stated above in this disclosure

IN ORDER FOR THIS SPECIFIC INFORMATION TO BE RELEASE, YOU MUST SIGN HERE AND ABOVE

Signature of Resident

Date