

Authorization for Release of Information

1. Resident

Resident name: _____

Date of birth: _____ Phone: _____

2. Who May Share and Who May Receive

I authorize:

☐ Hoosier Sober Living LLC to disclose to ☐ Hoosier Sober Living LLC to receive from ☐ Both

Name of person/agency: _____

Address: _____

Phone: _____ Email: _____

3. Information That May Be Shared (check all that apply)

☐ Application/admission status ☐ Move-in & move-out dates ☐ Compliance with house rules☐ Drug screen results ☐ Attendance at meetings/treatment ☐ Payment/account status☐ Treatment/discharge records from the agency named above ☐ Other:

Other / limits: _____

4. Purpose

☐ Housing referral & admission ☐ Care coordination ☐ Court/probation reporting ☐ Payment

Other: _____

5. Expiration

This consent ends on the date or event below (if blank, one year from signing):

Date or event: _____

Authorization for Release of Information (continued)

Resident name: _____

6. My Rights

- I may revoke this consent at any time, in writing, except for information already shared in reliance on it.
- My housing will not be conditioned on signing this form, except where information is needed to determine eligibility for payment or admission.
- Information protected by 42 CFR Part 2 that is disclosed may not be re-disclosed except as allowed by law. Information shared under this consent may be protected by federal confidentiality rules.
- I have the right to a copy of this form.

Resident signature _____

Date _____

Witness (Hoosier Sober Living staff) _____

Date _____

Revocation: _____ (resident signature) Date revoked: _____