

**Wyoming Professional Assistance Program**  
**Consent for the Release of Confidential Information**

Participant Name: \_\_\_\_\_  
Other Names Used in Treatment: \_\_\_\_\_  
Date of Birth: \_\_\_\_\_ Last 4 digits of Social Security Number: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
Current Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize ongoing direct communication and disclosure of my alcohol and drug treatment status and treatment records (including any medical, alcohol and drug history, including assessments or evaluations; information regarding my attendance, lack of attendance or participation in treatment sessions or continuing care program sessions; my cooperation with the treatment program or continuing care program; and my prognosis or progress in recovery) between staff of the Wyoming Professional Assistance Program and the following individuals:

Name: \_\_\_\_\_  
Address: \_\_\_\_\_  
Phone Number: \_\_\_\_\_

The purpose of and need for the disclosure is to (check one):

- facilitate coordination of my care between treatment providers
- to allow verification of participation and compliance in WPAP
- to allow verification of treatment program progress
- assessment of any concerns regarding my behavior in my work or home environment.
- Other: \_\_\_\_\_

This consent is subject to revocation at any time, except to the extent that the program, which is to make the disclosure, has already taken action in reliance upon it.

**Information disclosed may be protected by Federal confidentiality rules (42 CFR Part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as other-wise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal Rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.**

\_\_\_\_\_ Date \_\_\_\_\_  
(Client Signature)

\_\_\_\_\_ Date \_\_\_\_\_  
Witness Signature)