

**FAMILY ALCOHOL AND DRUG FREE COMMUNITY NETWORK (FAN)
FAN Acknowledgement and Consent Form**

Please read the following before signing your name below

Central City Concern	NARA of the Northwest, Inc.
♦ Alcohol and Drug Free Housing	LIFEWORKS: Project Network
♦ Letty Owings Center	Volunteers of America
♦ FAN Mentor Program	Multnomah Co. DCJ
♦ Hooper Center	♦ ACJ & ♦ JCI
♦ Recovery Center	♦ Bridges to Housing
♦ Employment Access Center	Portland Impact: Richmond Place
♦ OTCEP	Salvation Army
♦ Eastside Concern	♦ West Women's and Children's Shelter
Comprehensive Options for Drug Abusers (CODA)	♦ Alcohol Rehabilitation Center
DePaul Treatment Centers, Inc.	Catholic Charities, El Programa Hispano
	Portland Impact: Richmond Place

I hereby give consent to all members of the Family Alcohol and Drug Free Community Network ((FAN), members listed above) to share information about me relevant to alcohol and drug free housing placement.

I understand and agree that this will include, but is not limited to my health information, social, psychological, economic, employment and educational information.

I understand this acknowledgment and consent extends to specific alcohol and drug information: treatment attendance & progress, results of urinalysis, and discharge plans. This information will be shared for the purpose of housing, planning, placement, retention and interagency referral.

I understand that some of this information might include material that would otherwise be protected by law. My signature below authorizes the release of all such information.

I understand and agree that my health information, specific alcohol and drug information and all other information specified above may include information both created and received by FAN may be in the form of written or electronic records or spoken words, and may include information about my health history, health status, symptoms, examinations, test results, diagnosis, treatments, procedures, prescriptions, and similar types of health related information. (In accordance with State and Federal Law, this *excludes* HIV and HIV related information).

I understand and agree that FAN my use and disclose my health information, specific alcohol and drug information, and all other information listed above in order to:

- ♦ Make decisions about and plan for my care and treatment, including Drug and Alcohol treatment services.
- ♦ Make decisions about appropriate A&D Housing placement.
- ♦ Refer to, consult with, coordinate among, and manage along with the agencies above for my care and treatment.
- ♦ Determine my eligibility for health plan or insurance coverage, and submit bills, claims and other related information to insurance companies or others who may be responsible to pay for some or all of my healthcare.
- ♦ Perform various office, administrative and business functions that support my physicians and coordinating agencies to provide me with, arrange, and be reimbursed for quality, cost-effective health care, and alcohol and drug services.

FAN and its participating agencies acknowledge that any information shared among agencies will not be release to other parties without my further consent.

I understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. The revocation of consent is effective upon receipt of written request by FAN.

By signing below, I agree to the terms and conditions outlined herein regarding the use and/or disclosure of my health information, as well as use and/or disclosure of specific alcohol and drug information. I have reviewed and understand the permitted disclosures and give my consent to use my health information and my alcohol and drug information as named above.

By: _____ Date: _____

Client Signature