

**PROHIBITION ON REDISCLOSURE**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 Code of Federal Regulations Part 2) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of such medical or other information is NOT sufficient for this purpose.

NAME: \_\_\_\_\_ DATE: \_\_\_\_\_

Phone #: \_\_\_\_\_

SIGNATURE: \_\_\_\_\_

**Referral Source:**

Drug Court

DUI - Court Ordered

Non-DUI - Court Ordered

Alternative Sentencing

Parole/Probation

Self-Referral

Other: \_\_\_\_\_

Reason for Seeking Service:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_