COMPASS

CASE MANAGEMENT, INTERVENTION AND RECOVERY SUPPORT SERVICES

Client Authorization to Communicate

Family, Support Persons & Clinical / Treatment Providers

Complete only the sections you wish to authorize. Naming a person on an intake form does not itself permit information sharing. Use a separate form for each person or provider when different permissions are needed.

1 Client information

Client full name / preferred name:

_____

Date of birth: _____ Phone: _____

2 Authorized person or organization

☐ Family member / support person ☐ Therapist / psychiatrist ☐ Treatment program ☐ Physician / other provider

Full name and relationship / organization:

_____

Phone: _____ Email / fax: _____

3 Direction of communication

☐ Compass may disclose information to the person / organization above.

☐ Compass may receive information from the person / organization above.

☐ Two-way communication is authorized, subject to the limits below.

4 Information that may be shared (check only what you approve)

☐ Appointment scheduling and participation

☐ General recovery goals, progress and support needs

☐ Care coordination, referrals and treatment recommendations

☐ Safety planning and concerns relevant to supporting recovery

☐ Treatment attendance / discharge planning

☐ Other specifically described information: _____

☐ Do NOT share the following topics: _____

Sensitive records: I specifically authorize sharing of the following only if checked and legally permitted:

☐ Substance use disorder treatment records ☐ Mental health treatment information

☐ Medication information ☐ Other: _____

This form does not automatically authorize psychotherapy notes or records subject to special federal or state consent requirements. Separate compliant consent may be needed, including for certain substance use disorder records.

5 Purpose

☐ Coordination of recovery support and treatment ☐ Family education / support planning

☐ Other: _____

6 How information may be exchanged

☐ Telephone / voicemail ☐ Email ☐ Text message ☐ Video meeting ☐ Secure provider communication

I understand ordinary email and text messaging may not be encrypted and may carry privacy risks. Compass will use appropriate safeguards and agreed communication methods.

7 Duration and expiration

This authorization expires on (date): _____ OR upon the following event: _____

If no date or event is entered, this authorization expires 12 months after signature, unless applicable law requires a shorter period.

8 Voluntary consent, revocation and limitations

I understand that signing is voluntary. I may decline or limit authorization without losing access to Compass coaching services, except where information sharing is necessary to provide a specifically requested coordination service. I may revoke this authorization at any time by sending written notice to Compass at danh2702@gmail.com. Revocation does not undo disclosures already made in reliance on my authorization. Disclosures may also occur without my authorization when permitted or required by law, including certain emergencies.

I understand that recipients may not always be bound by the same confidentiality rules, and information may be redisclosed unless restricted by applicable law. Special protections may apply to substance use disorder records, and a separate consent may be required. Compass will not treat this authorization as permission for unrestricted release of my complete records.

9 Optional family Zoom participation

☐ I authorize the person named above to participate in family Zoom meetings.

☐ I do not authorize family Zoom participation at this time.

Approved discussion topics / limits: _____

10 Signatures

Client signature: _____ Date: _____

Parent / legal representative (if applicable): _____

Authority / relationship: _____ Date: _____

Compass representative: _____ Date: _____

Questions or revocation: Dan | 561-707-0123 | danh2702@gmail.com

Important: This is a working business template, not a substitute for legal advice. Have counsel review applicable HIPAA, 42 CFR Part 2, state privacy law, minor-client rules, and retention practices before use.