



MINNESOTA RECOVERY CONNECTION
connect. recover. advocate. serve.

Recovery Coach Consent Form

I, _____, authorize a **Minnesota Recovery Connection (MRC)**
(Name)
Recovery Coach to place a phone call to me at the number(s) provided below.

Name _____

Phone Number _____ Alt. Phone number _____

Address _____

City _____ State _____ ZIP Code _____

Date of Birth _____ Referred by _____

Best time to be contacted _____ **Ok to leave message? YES or NO**

Discharge or Release date (if applicable) _____

The purpose of the disclosure authorized in this consent is to: **Provide Recovery Coaching.**

I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996(HIPAA), 45 C.F.R. Pts. 160 &164 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time.

I understand and agree to the following:

1. I grant permission for a Recovery Coach volunteer from Minnesota Recovery Connection (MRC) to call me at the above phone number to support me in my recovery.
2. Each time the MRC volunteer calls, he/she will be asking me how my recovery is progressing and if I am in need of additional support (i.e., meetings in area, recovery community centers, safe/sober housing, social events, other resources)
3. At the time of the call, if I am in need of a referral to a treatment program or detox unit, I will be assisted in finding a program, if I so desire.
4. If at any time I decide not to take part in this program, I will call MRC at (651) 233-2080 or tell the volunteer when he/she calls.

Date _____ Signature _____

Please fax this form to MRC at: (651) 294-8949