



## **Consent Form for Peer Recovery Services**

### **Introduction**

Thank you for choosing Minnesota Recovery Connection for peer recovery support services. Please read the following information carefully before signing this consent form.

### **Voluntary Participation**

I understand that participation in peer recovery services provided by Minnesota Recovery Connection is entirely voluntary. I may discontinue services anytime without fear of retribution or loss of other benefits.

### **Insurance Information and Billing**

I acknowledge that my insurance information may be required to cover the cost of services. By signing this form, I consent to Minnesota Recovery Connection sharing my insurance information with third-party entities, such as billing providers and insurance companies, for the sole purpose of processing payment for services rendered.

### **Disclosure of Additional Peer Recovery Services**

I understand the number of hours billed for peer recovery support services in a given week is limited. I agree to inform Minnesota Recovery Connection if I receive or begin receiving peer recovery support services from any other organization. This will ensure compliance with billing policies and prevent overbilling.

## **Confidentiality**

I understand that my personal and medical information will be handled with the utmost confidentiality in compliance with applicable laws and regulations, including the Health Insurance Portability and Accountability Act (HIPAA).

## **Acknowledgment and Agreement**

By signing below, I confirm that I have read, understand, and agree to the terms outlined in this consent form. I have had the opportunity to ask questions and receive clarification about the services, the use of my insurance information, and my obligation to disclose additional peer recovery support services.

Participant Name Printed \_\_\_\_\_

Participant Signature: \_\_\_\_\_

Date: \_\_\_\_\_