



3250 Hospital Drive
Juneau, AK 99801
Ph: 907-796-8690
Fax: 907-796-8692

Rainforest Recovery Center Residential Application Packet

Welcome!

Thank you for your interest in Rainforest Recovery Center (RRC).

The items in the checklist below must be completed and submitted with your application. Once completed you may submit via

- fax to 907-796-8692
- email to rrc@bartletthospital.org
- mail to 3260 Hospital Drive, Juneau, AK 99801
- drop off to 3250 Hospital Drive, Juneau, AK 99801

When all information has been received your application along with history and physical, assessment, active medication list and any open court cases will be reviewed by our treatment team. Once the review process is completed you will receive a phone call regarding the next steps. If our team needs any additional information we will request it at that time.

The following items are required:

- ☐ RRC Application
- ☐ Medical Clearance Letter or History & Physical – completed within the last 30 days by your MD, DO, Nurse Practitioner or Physician Assistant. See medical clearance requirements on page 2.
- ☐ Integrated Behavioral Health Assessment that has been completed within the last year. If older than 6 months, an addendum is required.
- ☐ Signed COVID Agreement, page 6
- ☐ Release of information filled out for primary medical care and behavioral health clinic.

*Pages 1-3 are for client to keep for reference. *

RRC Contacts:

Application and process questions please call 907-796-8690

Insurance questions please call Kathryn, insurance specialist, at 907-796-8298

Medical Clearance Requirements

Dear Medical Professional:

Please assist us in determining whether the bearer of this letter is medically capable of participating in a residential chemical dependency treatment program. The program requires participation in sedentary activities involving sustained mental effort as well as intermittent mild physical activity, such as walking.

A copy of the patient's medical evaluation note is sufficient for this purpose. We need to have the following information included in the note:

- Type(s) of substance and method of use
- Whether the patient has a history of complicated withdrawal symptoms, such as seizures or delirium tremens
- List of patient's chronic medical problems
- Acute medical problems/current physical complaints
- Active Medication List
- List of allergies (medication and food)
- Whether patient can ambulate and transfer without assistance
- Pregnancy test for female patients
- Whether the patient demonstrates significant cognitive impairment

Please note that our facility is not equipped to manage patients who cannot ambulate or transfer without assistance; have severe medical problems such as decompensated heart, liver or kidney failure; or are unable to care for themselves because of an untreated mental illness or major neurocognitive disorder. Stable medical problems and use of ambulatory aids, such as a cane or walker, are acceptable. Thank you for your assistance.

What to Bring

- Enough clothing for seven days. Limit your clothing to one suitcase and a small personal bag such as a purse or backpack. Washer and dryer are available.
- Bring a warm coat, gloves, winter hat and boots for outdoor activities. Waterproof material is preferable.
- Hand lotion, shampoo, conditioner, hairdressing gels, deodorant, etc. These items must not have propylene glycol, ethylene glycol, diethylene glycol, methanol, isopropanol (isopropyl alcohol), and ethanol (ethyl alcohol) listed within the first three ingredients. Other alcohol derivatives such as cetyl, stearyl, cetearyl, lanolin, and denatured are ok to bring.
- Hairbrush and/or comb, toothbrush and toothpaste.
- You are expected to dress appropriately. Any clothing which is determined to distract or has the potential to distract will be secured away until discharge. Tight T-shirts, pants, shorts, low-cut tops, excessively loose or revealing clothing, are prohibited and you will be asked to change into more appropriate clothing. Clothing which advertises or glorifies alcohol or drug products is prohibited.
- Baggage is kept in a storage locker and accessed during arrival and departure. Contraband is secured and may be returned upon discharge.
- No more than \$50 will be allowed on your person at RRC and you are given the opportunity to secure it in storage. Any money over \$100 will be stored in the safe at BRH.

Do Not Bring

- Alcohol, marijuana, tobacco products, including e-cigarettes, chew, and vapors, and any over-the-counter, prescription, un-prescribed, or illegal drugs.
- Weapons of any sort.
- Pornography or any sexually explicit material (i.e. dildos, vibrators, and/or other sex toys, personal pleasure objects, and paraphernalia).
- Toiletry articles containing propylene glycol, ethylene glycol, diethylene glycol, methanol, isopropanol (isopropyl alcohol), and ethanol (ethyl alcohol) within the first three ingredients, i.e. hair gels, shampoo, conditioner, aftershave, mouthwash, etc.
- Perfumes or other fragrances. BRH/RRC is a fragrance-free facility.
- Personal iPod's, iPad's, tablets, MP3 players, personal DVD players, DVDs, cameras or hand-held games. Any electronic devices.
- Any item which is determined to distract, or has the potential to distract from the treatment program will be secured in RRC storage until discharge.
- Cell phones will be kept in storage and may not be utilized during your stay unless for specific approved treatment purposes.
- Do not bring outside food (packaged or unpackaged).



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Patient Demographics

Full Legal Name: _____ DOB: _____ Age: _____

Preferred Name: _____ Maiden Name: _____

SSN: _____ Sex at Birth: M ☐ F ☐ Identify as: M ☐ F ☐ Other ☐

Contact Information

Mailing Address: _____ Phone #: _____

City, State, Zip Code: _____ Work #: _____

Employed: Y ☐ N ☐ Occupation: _____ Can leave message: Y ☐ N ☐

If Applicable: Guardian ☐ Payee ☐

Name: _____ Phone 1 #: _____

Mailing Address: _____ Phone 2 #: _____

City, State, Zip Code: _____

Emergency Contact

Name: _____ Phone #: _____ Relationship: _____

Name: _____ Phone #: _____ Relationship: _____

Questionnaire

Pregnant: Y ☐ N ☐ If Yes, due date: _____

I.V. User: Y ☐ N ☐ Substance: _____

HIV/AIDS: Y ☐ N ☐ Co-Occurring disorder (i.e. mental health/addiction): Y ☐ N ☐

Reasoning for seeking services at this time: _____

Goals for treatment: _____

Date available for treatment: _____



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Billing Information

Payment Sources:

Medicaid: ☐ Medicare: ☐ Tricare: ☐ Private Insurance: ☐ Self-Pay: ☐

Please provide a copy of both sides of your insurance cards.

Primary Insurance (all information must be completed):

Name of Insurance company: _____

Policy #: _____ Group #: _____

Subscriber (Policy Holder) Name: _____

Subscriber's Date of Birth: _____

Relationship to Client: _____

Secondary Insurance (all information must be completed):

Name of Insurance company: _____

Policy #: _____ Group #: _____

Subscriber (Policy Holder) Name: _____

Subscriber's Date of Birth: _____

Relationship to Client: _____

***Your insurance will be billed separately for physician services. You may receive a bill from Southeast Physician Services for any balance not covered by insurance.**

If there are any insurance questions or concerns please contact Kathryn, our insurance specialist, at 907-796-8298.



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RRC COVID Agreement

I acknowledge the contagious nature of COVID-19 with understanding that the CDC recommends practicing social distancing.

I acknowledge that Rainforest Recovery Center (RRC) has put in place preventative measures to reduce the spread of COVID-19.

I acknowledge that RRC cannot guarantee I will not become infected with COVID-19. I understand the risk of becoming exposed to and/or infected by COVID-19 which may result from the actions, omissions, or negligence of myself and others.

I voluntarily seek services provided by RRC and I acknowledge that I must comply with all set procedures to reduce the spread while in treatment.

I agree to:

1. Presenting to treatment with a negative COVID-19 test within the last 72 hours
2. Quarantine between the time of my COVID-19 test and arrival at RRC
3. Contact RRC if I experience COVID-19 symptoms before arrival
4. Weekly COVID-19 testing
5. Wearing a mask when I am not in my room
6. Maintain social distancing with the goal of being 6ft apart
7. Frequent hand washing

I understand that this release discharges Rainforest Recovery Center from any liability or claim that I, _____, may have against the unit if COVID-19 is contracted while seeking residential services.

Signature: _____ **Date:** _____

My signature above indicates that I have read and understand the COVID-19 Agreement.



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Confidentiality Agreement

Confidentiality:

Your attendance and all communications between you and your treatment team, including psychiatrists, are confidential and are not released without your signed consent. Authorization to release information forms are available for this purpose. Your Rainforest Recovery Center (RRC) records are kept separate from your Bartlett Regional Hospital (BRH) medical records. The records will be maintained for at least seven years from the last day of service. RRC is part of BRH and as a hospital system we provide integrated care. Only information relevant to specific services will be revealed to the consulting provider/service. We ask that you sign an authorization to release information form for communication with BRH.

Limits to Confidentiality:

1. When there is clear and present danger of harm to either yourself or others, we may act on your behalf by arranging hospitalization or notifying appropriate sources.
2. If you disclose actual or possible abuse, neglect or exploitation of a child or a disabled adult in need of protection, we must report the information to the Alaska Department of Social Services.
3. If we are ordered by a court of law to release information in regards to you, we must do so.
4. In social situations, such as activities off campus, your involvement in RRC may be incidentally disclosed.
5. In the event you may need emergency medical care and are brought to BRH you are covered under 42 CFR Part 2.
6. Separate authorization for release of information forms need to be signed for each outside agency you receive services from.

CFR Notice:

I understand that my alcohol and/or drug treatment records are protected under 42 CFR, Part 2 and 45 CFR, parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by regulations.

I do not authorize further release to any third party. I understand that once information is released as specified in this authorization, RRC their employees and physician(s) cannot prevent re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.

Signature: _____ Date: _____

My signature above indicates that I have read and understand the confidentiality agreement.



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Facility Rules and Information

- **We are a tobacco free facility.** Bartlett Regional Hospital (BRH) and Rainforest Recovery Center (RRC) are tobacco free facilities. In accordance with city ordinance, no one is allowed to smoke or use tobacco products while in the Rainforest Recovery Center program. This includes both on and off campus, including community outings and meetings. Nicotine Replacement Therapy is available to you. Smoking items such as cigarettes, e-cigarettes, chew, lighters and matches are considered contraband and will be placed in storage or destroyed.
- **Health:** Prior to entering RRC, you had a complete medical examination and were determined fully able to participate in our program, which includes attending all groups and outings. While in RRC's program your focus of treatment here is on your substance use disorder. If you have experienced a change in health care needs, which require procedures or treatment that would take you away from treatment, it is your responsibility to inform RRC prior to admission. You will have the opportunity to see our attending physician once per week. In the case you become ill while in our program there is accessibility to telephonic consultation with a physician 24/7.
- **Program Modality:** The residential program utilizes evidence-based treatment modalities for substance use and many co-occurring mental health disorders.
- **Participation:** Group and activity attendance are a crucial part of treatment; your participation is mandatory for all groups.
- **Random Drug/Alcohol Screening:** A breathalyzer (BrAC) test and an observed Urine Drug Screen (UDS) will be completed at the time of admission and randomly throughout your stay.
- **Room Searches:** As part of residential drug and alcohol treatment, RRC may at any time conduct a thorough search of individual patients' belongings and living spaces.
- **No Electronics:** For patient safety and confidentiality, patients are not allowed cell phones or electronic devices in treatment. This includes cell phones, iPods, iPads, tablets, computers, mp3 players, cameras, and other electronic recording devices or equipment. Any electronic device arriving with a new patient will be held in storage until discharge.
- **Telephone use:** The phone will be available every day during scheduled times. Telephone calls are NOT allowed during any scheduled activity. In emergencies, the counselor can approve phone calls made with supervision from their offices.
- **Medications:** Any medication prescribed by the RRC psychiatric provider will be supplied for the duration of your stay. You will not be able to take your own medication. Any medication brought to RRC that is not prescribed upon discharge may be disposed of.
- **Living Area:** Please help to keep RRC and your room clean and neat. For housekeeping purposes your linens can be changed once a week. Laundry facilities and products are provided.
- **Elopement Policy:** Under our care, staff will perform checks to ensure your safety. If you are absent from RRC, without informing staff, then you will be considered to have left the residential program against medical advice (AMA) and will be discharged.

Signature: _____ Date: _____

My signature above indicates that I have read and understand the facility rules and information.

What to Bring

- Enough clothing for seven days. Limit your clothing to one suitcase and a small personal bag such as a purse or backpack. Washer and dryer are available.
- Bring a warm coat, gloves, winter hat and boots for outdoor activities. Waterproof material is preferable.
- Hand lotion, shampoo, conditioner, hairdressing gels, deodorant, etc. These items must not have propylene glycol, ethylene glycol, diethylene glycol, methanol, isopropanol (isopropyl alcohol), and ethanol (ethyl alcohol) listed within the first three ingredients. Other alcohol derivatives such as cetyl, stearyl, cetearyl, lanolin, and denatured are ok to bring.
- Hairbrush and/or comb, toothbrush and toothpaste.
- You are expected to dress appropriately. Any clothing which is determined to distract or has the potential to distract will be secured until discharge. Tight T-shirts, pants, shorts, low-cut tops, excessively loose or revealing clothing, are prohibited and you will be asked to change into more appropriate clothing. Clothing which advertises or glorifies alcohol or drug products is prohibited.
- Baggage is kept in a storage locker and accessed during arrival and departure. Prohibited items are secured and may be returned upon discharge.
- No more than \$50 will be allowed on your person at RRC and you are given the opportunity to secure it in storage. Any money over \$100 will be stored in the safe at BRH.

Signature: _____ Date: _____

My signature above indicates that I have read and understand what I am allowed to bring to treatment.

Do Not Bring

- Alcohol, marijuana, tobacco products, including e-cigarettes, chew, and vapors, and any over-the-counter, prescription, un-prescribed, or illegal drugs.
- Weapons of any sort.
- Pornography or any sexually explicit material (i.e. dildos, vibrators, and/or other sex toys, personal pleasure objects, and paraphernalia).
- Toiletry articles containing propylene glycol, ethylene glycol, diethylene glycol, methanol, isopropanol (isopropyl alcohol), and ethanol (ethyl alcohol) within the first three ingredients, i.e. hair gels, shampoo, conditioner, aftershave, mouthwash, etc.
- Perfumes or other fragrances. BRH/RRC is a fragrance-free facility.
- Personal iPod's, iPad's, tablets, MP3 players, personal DVD players, DVDs, cameras or hand-held games. All electronic devices are prohibited.
- Any item which is determined to distract, or has the potential to distract from the treatment program will be secured in RRC storage until discharge.
- Cell phones will be kept in storage and may not be utilized during your stay unless for specific approved treatment purposes.
- Do not bring outside food (packaged or unpackaged).

Signature: _____ Date: _____

My signature above indicates that I have read and understand what I am not allowed to bring to treatment



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RRC Comments and Complaint Procedure

Comments: Rainforest welcomes comments, opinions, and recommendations regarding RRC services. You are asked to tell us about your experience at RRC. You will be asked to fill out a patient satisfaction survey. You will also be given a survey at the time of discharge from the State of Alaska.

Grievance: If you have a complaint concerning the program, staff, or facility, you may seek resolution in several ways. If you are participating in the residential or outpatient program, please contact your primary therapist for assistance.

If you have immediate concerns, you are encouraged to communicate with any of the following:

1. Communicate with the person directly
2. Your primary therapist or available RRC staff member
3. The Behavioral Health Clinical Director, Nursing Director, Medical Director, or Chief Behavioral Health Officer
4. The Bartlett Regional Hospital Quality/Risk Manager (907) 796-8695

A grievance is a formal or informal, written or verbal communication that is made to the hospital by a customer, regarding dissatisfaction with the care that was received during a hospital visit. Grievances will be communicated to the Quality Director or Risk Manager and a response is made within 7 days.

Signature: _____ **Date:** _____

My signature above indicates that I have read and understand the RRC comments and complaints procedure



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Bartlett Regional Hospital – Rainforest Recovery Center

Patient Rights and Responsibilities

PATIENT RIGHTS: As a patient at Bartlett Regional Hospital (BRH) and Rainforest Recovery Center (RRC) you have the right to:

ACCESS TO CARE:

- To impartial access to care, treatment and services that are available and clinically indicated regardless of race, creed, sex, national origin, education, economic status or source of payment for care
- To be informed of your rights and responsibilities at the time of admission as well as circumstances in which those rights may be suspended or violated.

CONSENT FOR TREATMENT

- To consent to treatment prior to receiving the treatment and be informed of risks of serious side effects and the possibility of success of the treatment.
- The consent to treatment is given voluntarily and explained to you in a method you understand.
- To refuse to participate in research or to be filmed or photographed or fingerprinted for external purposes. Specific consent will be obtained prior to you participating in these activities.
- To refuse treatment to the extent permitted by law and to know that such refusal will not affect the care delivered. When in the view of the provider, refusal of treatment by you or your legally authorized representative prevents the provision of appropriate care in accordance with professional standards, the relationship between you and the provider may be terminated upon reasonable notice and finding alternative care.

PERSONAL RIGHTS

- To wear your own clothing, to keep personal possessions (unless they may be used to endanger your own or another's life) and to keep and spend a reasonable sum of your own money.
- To have access to an individual space for storage for your private use
- To have reasonable access to phones, both to make and receive confidential calls.
- To have any restriction of visitors, mail, telephone calls or other forms of communication explained to you at the time of admission according to program rules.
- To send and receive unopened correspondence (not packages). Personal belongings may be subject to search for the purpose of securing contraband.
- To reasonable access to an interpreter if you do not speak English or are hearing impaired.
- To formulate advanced directives regarding healthcare decisions and to have staff comply with these directives consistent with applicable laws and professional medical standards.



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Bartlett Regional Hospital – Rainforest Recovery Center

Patient Rights and Responsibilities

RIGHTS CONCERNING CARE, TREATMENT AND SERVICES

- To medical, psychosocial and rehabilitative care including prompt and appropriate medical treatment and care.
- To be free of abuse, neglect, and aversive interventions
- To be given complete explanation of the need for transfer to a different facility or different level of treatment prior to the transfer occurring.
- To request and receive an itemized and detailed explanation of the total bill for services rendered.
- To know the name and professional status of individuals providing direct patient care and the individual primarily responsible for your care.
- To receive treatment in a safe and secure environment which is appropriate for your needs.
- To pastoral or other spiritual services, in accordance with RRC program scheduling.

INDIVIDUAL PLAN OF SERVICES

- To an individual plan of services developed with you and your primary therapist and updated as changes occur.
- To treatment in the least restrictive environment that may reasonably be expected to benefit you.
- To appoint a surrogate decision maker when you are unable to make decision about care, treatment and services and to have family, as appropriate, involved in decisions about care.

RIGHT TO INFORMATION

- To inspect your records upon reasonable request and in accordance with RRC and BRH policies regarding access to records.
- To obtain information in a method you can understand.
- To have all information and records obtained in the course of evaluation, examination, and/or treatment kept confidential (42 C.F.R. Part 2 and HIPAA) and not made public except as may be required by an appropriate court order. RRC staff are mandatory reporters of children or vulnerable adults at risk of abuse or neglect. We are permitted to contact individual(s) or law enforcement agencies if you have made a specific threat of harm to someone else and we determine there to be a clear and immediate probability of you acting on that threat.



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Bartlett Regional Hospital – Rainforest Recovery Center

Patient Rights and Responsibilities

CONFLICT RESOLUTION

- To be informed of the process to assist you and your family in resolving conflicts regarding care decisions.

DENIAL OF RIGHTS

- To have your rights denied only when necessary to protect your health and safety or to protect the health and safety of others.

PATIENT RESPONSIBILITIES - These responsibilities are presented to the patient in the spirit of mutual trust and respect. Your responsibilities are as follows:

- To provide accurate and complete information concerning present complaints, past illnesses, hospitalizations, medications and other matters relating to his/her health.
- To report perceived risks in your care and unexpected changes in your condition to your responsible practitioner.
- To ask questions when you do not understand what you have been told about your care or what you are expected to do.
- To follow the treatment plan established by you and your treatment team. If you choose not to follow the plan, you are responsible for your actions.
- To keep appointments and attend treatment activities as assigned and notifying staff when you are unable to do so.
- To assure that the financial obligations of hospital care are fulfilled as promptly as possible and to realize that you ultimately are responsible for all charges.
- To follow hospital and RRC policies and procedures.
- To be careful with personal property and that of other persons in the facility. Respect the rights of others.

Signature: _____ **Date:** _____

My signature above indicates that I have read and understand Bartlett Regional Hospital – Rainforest Recovery Center’s Patient Rights and Responsibilities as outlined in pages 12 to 14.

Pages 12-14 need to be returned together



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Authorization for Release of Information to & from Bartlett Regional Hospital

Patient Name: _____ DOB: _____
Address: _____
City, State, Zip Code: _____

I hereby authorize Rainforest Recovery Center to Release Information to:

Bartlett Regional Hospital Phone #: 907-796-8900
3260 Hospital Drive
Juneau, AK 99801

I hereby authorize Rainforest Recovery Center to Request Information from:

Bartlett Regional Hospital Phone #: 907-796-8900
3260 Hospital Drive
Juneau, AK 99801

Purpose for information to be released/request:

Further Treatment: ☒

Type of information to be disclosed:

Entire Record: ☒

I authorize the release of information relating to:

Substance Use Disorder Information: ☒

Psychiatric Evaluation/Treatment: ☒

This Authorization Expires 7 years from signing to enable ongoing coordination of care.

- I understand that I have the right to revoke this authorization at any time. In order to revoke this authorization, I must submit a written revocation to the BRH HIM Department. I understand that the revocation will not apply to information that has already been released in response to this authorization.
- I understand that I may refuse to sign this authorization and that my refusal will not affect my ability to obtain treatment at RRC.
- I consider a photocopy of this authorization to be as valid as the original. I understand that I may upon request inspect information to be disclosed.
- I do not authorize further release to any third party. I understand that once information is released at specified in this authorization, RRC their employees and physician(s) cannot prevent re-disclosure of that information. I hereby release each of them from any and all liability arising directly or indirectly from disclosure authorized by this consent and any re-disclosure of that information.
- I understand that my alcohol and/or drug treatment records are protected under 42 CFR, Part 2 and 45 CFR, parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by regulations.

Signature for the Authorization for Release of Information to/from Bartlett Regional Hospital:

Patient/Guardian

Relation

Date



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Authorization for Release of Information

Patient Information:

Patient Name: _____ Birth Date: _____

Address, City, State, Zip Code: _____

I authorize Rainforest Recovery to (select both boxes for information exchange):

Request information from ☐: Release information to ☐:

Name of Person or Facility: _____

Address, City, State, Zip Code: _____

Phone #: _____ Fax #: _____

I Authorize the release of information relating to (Please Initial):

Substance Use Disorder Information _____

Psychiatric Evaluation/Treatment _____

Information to be Released/Requested:

Dates of Treatment	From:		To:	
Purpose of Information being Released/Requested	Further Treatment <input type="checkbox"/>	Legal Proceedings <input type="checkbox"/>	Insurance Claims <input type="checkbox"/>	Other (Specify):
Type of Information to be Disclosed (Please Initial in each box for information to be disclosed)	Psychiatric Evaluation	Progress Notes	Assessment	Labs
	Discharge Summary		Medication List	
Way Information is to be released (Please Initial)	Verbal	Fax	Mail	Patient Pick Up

Authorization Expires 90 days from date of signing unless specified: _____

- I understand that I have the right to revoke this authorization at any time by submitting a written revocation to BRH HIM Department. I understand the revocation does not apply to information that has already been released.
- I understand that I may refuse to sign this authorization and it will not affect my treatment at RRC.
- I consider a photocopy of this authorization to be valid as the original. I understand that upon request inspect information to be disclosed.
- I do not authorize further release to any third party. I understand that once information is release as specified in this authorization, RRC, their employees and physician(s) cannot prevent re-disclosure of the information. I hereby release RRC all liability arising directly or indirectly from disclosure authorized by this consent.
- I understand that my alcohol and/or drug treatment records are protected under 42 CFR, Part 2 and 45 CFR, parts 160 & 164 and cannot be disclosed without my written consent unless otherwise provided by regulations

My signature hereby authorizes Rainforest Recovery Center to release/request information to the above:

Patient/Responsible Party Relation Date