

RUTLAND AREA FACILITATING TREATMENT (RAFT) TEAM



Rutland Regional Medical Center
An Affiliate of Rutland Regional Health Services

180 Allen Street
Rutland, VT 05701
802.775.7111

CONSENT FOR USE AND DISCLOSURE OF HEALTH INFORMATION
FOR FACILITATION OF SUBSTANCE ABUSE TREATMENT

I, _____, date of birth _____, authorize the use and disclosure of my health and treatment information by and among each of the participants of Rutland Area Facilitating Treatment (RAFT) Team checked below, including the staff of each organization.

- Rutland Regional Medical Center, including: West Ridge Center for Addiction Recovery, Rutland Regional Behavioral Health
- Rutland Mental Health Services, including Evergreen Services
- Recovery House, Inc., including: Grace House, Serenity House
- Community Health Centers of the Rutland Region, including Rutland Community Health Center, Castleton Family Health Center, Mettawee Valley Family Health Center, Brandon Medical Center, Shorwell Community Health Center
- Agency of Human Services, which includes:
 - Vermont Department of Health
 - Vermont Department of Corrections
 - Vermont Vocational Rehabilitation
 - Vermont Department of Children and Families (DCF)
 - Family Services
 - Economic Services
- Other _____
- Other _____

The means of this use of disclosure may be written, verbal or electronic.

I understand that the purposes of the RAFT Team are to evaluate the need for and facilitate the coordination of substance abuse treatment services, medical services, and social support services in order to best meet my addiction treatment needs.

I authorize the use and disclosure of my health and treatment information by and among the participating organizations of the RAFT Team solely for these stated purposes.

The health and treatment information that will be shared may include the following:

- ▶ Name, date of birth
- ▶ Address, phone number(s)
- ▶ Medical care and treatment provided to me
- ▶ Psycho-social history
- ▶ Current living situation
- ▶ History and attendance at alcohol/drug treatment, including methadone maintenance, and mental health services
- ▶ Lab test results, including drug testing
- ▶ Mental health and/or drug and alcohol assessment, diagnosis, treatment, progress and discharge summary (if applicable)
- ▶ Criminal history and/or current involvement with Department of Corrections
- ▶ Other (specify) _____
- ▶ _____

In order to facilitate access to treatment coordinate appointments, I authorize participants of the RAFT Team to convey limited information regarding upcoming appointment dates/times to staff of the following organizations

- Turning Point Recovery Center
- Other: _____
Phone: _____
- Community Links
- Other: _____
Phone: _____

