

**CONSENT TO RELEASE INFORMATION REGARDING DRUG AND ALCOHOL  
TREATMENT TO THE NH HOMELESS SERVICE PROVIDER NETWORK**

**42 CFR Part 2 and HIPAA**

I, \_\_\_\_\_,

authorize \_\_\_\_\_  
*[name of SUD provider making the disclosure]*

to disclose to the NH Homeless Service Provider Network that I have received treatment for drug and/or alcohol use in order to enable housing providers to locate appropriate housing and services for me. The information disclosed shall be the minimum necessary.

The purpose of the disclosure is to allow agencies in the NH Homeless Service Provider Network to communicate about my needs in order to help me find safe housing.

I understand that my substance use disorder records are protected under the Federal regulations governing Confidentiality and Substance Use Disorder 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 by the regulations.

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire after 7 years.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Dated: \_\_\_\_\_

\_\_\_\_\_  
*Signature*