



CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____, authorize the Amethyst Foundation, Inc., an New Hampshire Impaired Driver Care Management Program (IDCMP) to release and receive information to and from the New Hampshire Department of Safety (DOS), the New Hampshire Division of Motor Vehicles (DMV), the New Hampshire Department of Health and Human Services Bureau of Drug and Alcohol Services (DHHS-BDAS) and the court of conviction listed below:

Court and Address	Other
<input type="checkbox"/> _____ _____ _____	<input type="checkbox"/> _____ _____ _____

The purpose of these disclosures authorized herein is to provide all relevant information pertaining to successful IDCMP completion status pursuant to RSA 263:65-a. This includes: client screening/intake, individual service plan, individual diagnosis and/or assessment, the rationale for diagnosis and/or assessment, significant supportive data and evaluation of the client’s present risk to recidivate and/or experience further alcohol/drug-related motor vehicle problems and participation in one of the Impaired Driver Education Programs (W/IDEP).

My signature on this consent also implies giving my permission to release the Program Completion Report (IDIP-021), the individual service plan for treatment and recovery (He-A 507.04), the details of my compliance with all elements of the program components cited above and all other program information relevant to my risk to recidivate and/or experience further alcohol/drug-related motor vehicle problems.

I understand that the Department of Health and Human Services, Bureau of Drug and Alcohol Services is included in this release for the purpose of administrative monitoring (in accordance with New Hampshire Code of administrative rule He-A 500) and gathering of statistical information as the IDCMP administrator for the State of New Hampshire. I also understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in reliance on it. This consent expires upon successful completion of the Impaired Driver Care Management Program (IDCMP) described in the New Hampshire Code of Administrative Rules (He-A 500).

Client Signature: _____ Date: _____

Program Staff Signature: _____ Date: _____