



SOS Probation and Parole Participant Authorization and Consent to Disclose Protected Health Information

The Probation and Parole program is a recovery coaching program that works to supply peer-based recovery support services to individuals engaged in NH probation and parole. The recovery coaching and/or case management available through the program is provided by SOS Recovery Community Organization (SOS), a program of Greater Seacoast Community Health, to provide you with potential resources, navigation, referrals and assistance with substance use disorder and mental health supports for treatment, recovery, housing, transportation, and employment.

SOS and the NH Department of Corrections, Division of Probation and Parole have agreed that SOS will ONLY provide information that indicates whether an individual is actively engaged in recovery coaching with SOS or not to them.

Signing this means the participant give SOS permission to share with NH DEPARTMENT OF CORRECTIONS, DIVISION OF PROBATION AND PAROLE, your attendance and whether you are engaged in coaching with SOS. No additional specific information will be provided by SOS. The work we do in this program may be related to health, mental health, or substance use disorders you may have. The information will be shared only when necessary to meet the requirements of your established service plan.

Some of what you give us may be health information that is protected by federal and state privacy laws and regulations, including HIPAA (the Health Insurance Portability and Accountability Act of 1996), 45 C.F.R. parts 160 & 164, and Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2. I understand that any of my health information related to substance use disorders that is protected under those federal privacy regulations cannot be re-disclosed by the above community partners without my written consent unless otherwise provided for in the regulations.

I understand this consent form and release also gives NH Department of Corrections, Division of Probation and Parole consent to provide information to SOS regarding my legal status, supervision requirements, and engagement with probation and parole when necessary to meet the requirements of my established service plan.

Signature of Program Participant

Date/Time

Printed Name of Participant

SOS Recovery Coach

Date/Time

I may revoke this consent at any time except to the extent that action already has been taken in reliance on it. This consent expires automatically on ____/____/____ or upon program discharge.