



*Treating people right*

### SAP Release of Information

I, \_\_\_\_\_, hereby authorize Human Behavior Associates, Inc. and \_\_\_\_\_, Substance Abuse Professional, to disclose information to and receive information from:

<u>Name</u>	<u>Title</u>	<u>Telephone</u>	<u>Initials*</u>
_____	Medical Review Officer	_____	_____
_____	Treatment Program	_____	_____
_____	Payer/Insurance Co.	_____	_____
_____	Personal Physician	_____	_____
_____	Human Resources Dept.	_____	_____
_____	Union Representative	_____	_____
_____	Employee Assistance	_____	_____
_____	Supervisor/Manager	_____	_____
_____	Family/Other	_____	_____

? Client must initial each name to whom information is to be released

This release is required to ascertain my fitness to return to "safety-sensitive" work, to expedite benefits payments, to verify my participation and progress in rehabilitation, to safeguard public safety, to follow-up on my progress at work and to monitor my ongoing treatment and recovery.

Information will only be released on a "need-to-know" basis as outlined in the 1974 Privacy Act, 1993 Substance Abuse regulations as applied to the Transportation Industry (DOT Regulations) and other applicable laws and regulations.

This release will terminate on the sooner of the employee's termination from employment, completion of all treatment and follow-up or five years from the date first signed.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Witness: \_\_\_\_\_  
(SAP may serve as witness)