

**EMPLOYEE POSITIVE TEST – ETOH / DRUG  
EMPLOYEE RELEASE OF INFORMATION**

Client Name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone (home): \_\_\_\_\_ (work): \_\_\_\_\_ Date of birth: \_\_\_\_\_

I, \_\_\_\_\_, authorize Jorgensen Brooks Group to release limited information [\*] to my employer regarding my participation in a **Formal Fitness for Duty Referral** to be provided through the Employee Assistance Program. It is my understanding that the information to be released will protect my personal information in accordance with Federal HIPAA guidelines; exempt from HIPAA protection are threats to my own safety or that of others, or behavior required by law to be reported to authorities.

**Information that may be released to the employer may include:**

- Clinical Assessment
- Clinical Treatment Plan
- Counselor's Progress Notes
- Treatment and Discharge Summaries
- Compliance with Clinical Recommendations
- Attendance at Counseling Sessions

**Employer representative to receive information:**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Purpose of obtaining/releasing information: \_\_\_\_\_

This release shall be effective for one year, until the \_\_\_\_ day of \_\_\_\_, 20\_\_.

Jorgensen Brooks Group is hereby released from any and all legal liability that may arise from the release of the information requested. I certify that this request for the release has been made freely and voluntarily. I understand that my records are protected under federal regulations 42 CFR Part 2, governing confidentiality and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically in one year from the time this form is signed.

\_\_\_\_\_  
Client Name

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date