



Anishnaabek Healing Circle
Access to Recovery
Client Information Release Authorization/ Call in Center

I _____, hereby authorize the

Name of client

Inter-Tribal Council of Michigan Call In Access Center staff and the

(Name of treatment/recovery support individuals/organization)

To release the information specified below to each other. Please check each box that you agree to. Do not check a box unless you are authorizing that item:

- To verbally discuss my treatment progress and status with the above named treatment/recovery support individuals/organizations.
- To identify additional resources I may need based on my progress and status.
- To verbally discuss the potential resources with me and with the above named treatment/recovery individuals/organizations.
- To verbally discuss the status of my GPRA follow-up interview.
- To collaborate on conducting the follow-up interview.
- I authorize the staff of the Inter-Tribal Council of Michigan Call In Center to contact me directly.

Purpose:

The purpose of this disclosure is to coordinate the services available through the Anishnaabek Access to Recovery Network Providers to insure that the client receives the maximum benefit from the services available.

Limits: This consent may be revoked at any time. If not revoked, the consent will expire on 30 days after my discharge from the Anishnaabek Access to Recovery program.

Signature of the Client _____ Date _____

Agency Representatives: _____ Date _____

Agency Representatives: _____ Date _____