Authorization to Release, Disclose, and/or Exchange Information

Lighthouse Professional Services, Inc.
P.O. Box 727, White Bluff, TN 37187 Phone: 615-797-2000 Fax: 615-797-2011 www.lighthouseps.org

I authorize **Diann Smithson**, Executive Director/Case Manager, of **Lighthouse Professional Services, Inc.**, hereinafter referred to as Lighthouse, and its authorized representatives to request specific information from, and to disclose information to, the following:

Name of individual or facility_____

Title/Program/Relationship_____

Type of Information to be Disclosed: Any and all information, whether written or verbal that is necessary to sufficiently and effectively assess and monitor my case. Specific written information includes, but is not limited to, medical/treatment records, physical and psychological assessments and diagnoses, treatment recommendations, treatment plans, legal files, court or licensing board documents, past and present charges, final orders, and any other information needed to assist me with my case. Specifically:

- ☐ Physiological test results
- ☐ Intake assessment, discharge summaries, and/or treatment recommendations
- ☐ Psychological and/or psychiatric assessment and evaluation results
- ☐ Periodic reports of current treatment progress
- ☐ Social history including family, education, employment, legal, drug & alcohol information
- ☐ Summary of previous alcohol & drug treatment services
- ☐ Aftercare and treatment plans
- ☐ Documents submitted to the Tennessee Department of Health as part, or all, of the licensure application file
- ☐ Results of background checks as submitted to Tennessee Department of Health
- ☐ Legal documents, court records

Purpose of Disclosure:

- ☐ To determine present and/or future eligibility for advocacy services
- ☐ To assess the need for appropriate and necessary treatment and/or rehabilitation referrals
- ☐ To coordinate effective referrals for psychiatric, psychological, legal, and/or social rehabilitative services
- ☐ To gain accurate knowledge of your individual circumstances in order to effectively advocate for you.
- ☐ I understand that my successful participation in the Lighthouse program means Lighthouse will advocate on my behalf before the court and/or licensing board.
- ☐ I also understand that my refusal to participate in, or my failure to cooperate with, the Lighthouse program means Lighthouse may have to report such refusal to the court and/or licensing board.
- ☐ I understand no information shall be redisclosed to any party without my written consent.

Revocation of Consent: I understand that I may withdraw this consent at any time except to the extent that the authorized parties have already acted in reliance upon it.

Expiration of Consent: If not previously revoked, this consent will terminate at the time my relationship with Lighthouse is severed whether such severance is caused by me or by Lighthouse.

This consent to disclose and receive information is given freely, voluntarily, knowledgeably, and without coercion.

Sign Here →

_____
Client's Signature Date

_____
Lighthouse Professional Services, Inc. Date