

RECOVERY COORDINATION TRACKING INFORMED CONSENT

Full Name	Address (Street Address, City, State, ZIP Code)	Phone Numbers (H/W/C)	E-mail/s	Notes
<u>SSN:</u> <u>DOB:</u>	Address 1: Address 2:			

I, _____, authorize Agency Name to maintain contact with me for purpose of coordinating my recovery plan, to obtain a GPRA (Government Performance and Results Act) follow-up interview, and also to participate in alcohol and other drug abuse research and evaluation where my name will remain confidential. I understand that my Recovery Coordinator will call me twice a month, or as needed, during my participation in recovery support services to review my plan, assist me with my recovery needs, to update my contact information, and to complete the GPRA follow-up interview. I authorize Agency Name to contact the individuals and/or agencies listed below to obtain current contact information about me in case they fail reach me directly. I understand that the purpose of their conversation will simply be to gather information about my contact information, or leave a message for me to contact the agency. Therefore, I grant permission for acknowledgement of status as a client at Agency Name for the contacts listed. No other treatment and/or recovery support information will be disclosed to the contacts listed below.

Names of Contacts	Relationship to Consumer	Address (Street Address, City, State, ZIP Code)	Phone Numbers (H/W/C)	Notes