

**Recovery Network Program
Intake and Limited Waiver of Confidentiality Form**

Section 1:

Name _____

Phone (____) _____ OK to leave a voicemail message? Yes No

Cell Phone (____) _____ OK to leave a voicemail message? Yes No

E-Mail Address _____

Preferred Method of Contact: Phone Cell Phone E-mail

Are you currently employed? Yes No Position/Title: _____

District: _____ Site/School: _____

School Administrator: _____

Administrator's Title: _____ Phone (____) _____

Section 2:

Limited Waiver of Confidentiality: I hereby authorize the Recovery Network Program to discuss information related to my participation in the program with my Recovery Network Program treatment provider(s) and my school administrator for the purpose of determining and reporting compliance with the terms of my Final Order.

Signature

Date