



Participant Referral Form

I am requesting to participate in Recovery Talk, a free, confidential program developed to add additional support to my recovery.

_____		_____	
First Name	Last Name		
_____		_____	_____
Address	City	State	Zip
_____		<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth	_____		
_____		_____	
Phone Number	Alt. Phone Number		
_____		_____	
Referring Agency (if applicable)	Referring Professional (if applicable)		

Best time to call

_____ AM
 PM

Preferred frequency of calls

Once a week Every other week Once a month

TTY (for hearing impairment)

Yes No

May leave a message on answering machine
 May not leave a message on answering machine

Please note that you will receive a call from an unrecognized number

By signing this referral form, I am aware of and understand the following information:

1. I understand a Recovery Talk staff will call me to offer support in my recovery.
2. Information I share is protected by Federal law and regulations. Recovery Talk may not disclose information to a person outside the program indicating I receive additional recovery support unless: a) I have signed a release of information; b) the disclosure is allowed by a court order; c) in the event of an emergency; d) or for program evaluation. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal regulations.)
3. I am aware I may call Recovery Talk at any time for additional recovery support when needed, 24-hours a day, 7-days a week.
4. My participation in Recovery Talk is completely voluntary. I may end my participation at any time by notifying Recovery Talk staff when they call or by calling 1-800-592-0835.
5. In the event of a crisis, I understand Recovery Talk staff will provide a referral to crisis resources.

Signature of Participant

Date

Signature of Guardian (if applicable)

Date

Please submit completed form to:
1720 Burnt Boat Drive #108, Bismarck ND 58503 Fax: 701-955-8956 Email: Bismarck@adaptincnd.com