

**FRANCINE A. FARRELL, M.S., L.M.F.T.**

LICENSED MARRIAGE AND FAMILY THERAPIST  
CERTIFIED ALCOHOL AND DRUG COUNSELOR

**PROFESSIONAL MONITORING & SUPPORT SERVICES**

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION** to C/E for automated reporting

I, \_\_\_\_\_, hereby authorize

**FRANCINE FARRELL & STAFF / CASE MANAGER / COLLECTORS & SOBERLINK**  
and

NAME OF CONCERNED ENTITY

RELATIONSHIP (MOTHER OF CHILDREN/ MY ATTORNEY / OPPOSING COUNSEL)

STREET ADDRESS

CITY

STATE

ZIP

( ) \_\_\_\_\_ - \_\_\_\_\_

\_\_\_\_\_ @ \_\_\_\_\_ . \_\_\_\_\_

MOBILE TELEPHONE REQUIRED FOR TEXT ALERTS

EMAIL ADDRESS REQUIRED FOR AUTOMATED REPORTS AND/OR ACCESS TO PORTAL

To allow the above named C/E **access** to the **SOBERLINK website** to access my test data and results as follows:

- ✓ I give my consent for access to my detailed test results including notes  Yes  No
- ✓ I give my consent for access to read my **SOBERLINK** schedule for testing  Yes  No
- ✓ I give my consent for access to reports that can be downloaded containing my test results  Yes  No
- ✓ I give my consent for access to detailed test results to include my GPS location at testing  Yes  No

To allow the above named C/E to receive text alerts as follows:

- ✓ I give my consent to text C/E via mobile telephone with alerts for missed tests  Yes  No
- ✓ I give my consent to text C/E via mobile telephone with alerts for positive tests  Yes  No
- ✓ I give my consent to talk with my C/E to discuss monitoring, scheduling & alerts  Yes (required)
- ✓ I give my consent to contact C/E by email to discuss / report test results  Yes  No
- ✓ I give my consent to email reports and/or automated reports to my C/E  Yes  No

The purpose of and need for the disclosure is:

- ✓ To allow for monitoring and collection Breathalyzer reports via **SOBERLINK**

**This consent cannot be revoked prior to completion of the requested reporting under my monitoring agreement. Revocation of this consent prior to completion of my agreement with Francine Farrell Monitoring Services may be considered non-compliance with the terms of that agreement.** If not previously revoked, this consent will terminate in five years, or 180 days after completion of monitoring program, whichever occurs first.

**Information disclosed may be protected by Federal confidentiality rules (42 CFR part 2). The federal rules prohibit further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.**

\_\_\_\_\_  
(Participant Signature) Date \_\_\_\_\_