CONFIDENTIAL

Hazelden®

Alumni Recovery Contact Release Form

When a patient leaves Hazelden, we try to contact someone in their home area who will meet and/or take them to their first meeting. In order to ensure the returning patient's immediate introduction or re-introduction to A.A., N.A., Alanon, etc., we need your help.

The contact person must be an active member of A.A., N.A., Alanon, etc. and be willing to assist the returning patient in reaching their meeting. Initial support over the telephone and helping to connect with a sponsor is also helpful.

As an Alumni Contact, you will help us ensure dignity and respect for all individuals by maintaining strict confidentiality between you and the alumni you support.

I hereby give Hazelden permission to use the information provided on this form for the sole purpose of inquiring about my serving as a contact person for Hazelden alumni returning to my area. I understand that: I can revoke this permission at any time except to the extent that action has been taken in reliance on it. Hazelden's Privacy Notice outlines the procedure for revocation.

By my signature, I am authorizing Hazelden to give my first name, last initial and phone number to alumni of Hazelden coming to my home area. I understand that I will first be contacted by a Hazelden staff member.

X _____ _____

Signature of Applicant — Date

Please print information below ☐ Alumni

Date of Sobriety _____ Date of Birth _____

Name _____ ☐ Male ☐ Female

LAST — FIRST — MIDDLE INITIAL

Mailing Address _____

STREET

_____

CITY — STATE — ZIP — COUNTRY

Email Address _____

Phone _____ _____ ☐ A.M. ☐ P.M.

AREA CODE — WORK — BEST TIME TO CALL

_____ _____ ☐ A.M. ☐ P.M.

AREA CODE — HOME — BEST TIME TO CALL

_____ _____ ☐ A.M. ☐ P.M.

AREA CODE — CELL — BEST TIME TO CALL

I attend meetings and can be a contact for: ☐ AA ☐ CA ☐ NA ☐ GA ☐ EA ☐ OA ☐ Al-Anon ☐ SA

The group(s) I attend are:

_____

Name of Group

_____

Meeting Location — Meeting Day — Meeting Time

_____

Name of Group

_____

Meeting Location — Meeting Day — Meeting Time

Please add any comments that explain why you would be a good contact. Please make every effort to exchange names and phone numbers with each other when you are first contacted. This will make it easier to contact the alumni upon their return home. **Please return this form to Hazelden after you have achieved 6 months' sobriety.** Thank you.

_____

_____

Return form to: Alumni Relations, BC6, PO Box 11, Center City, MN 55012-0011

PRI-0239
2121-3 (5/10)

© 2010 Hazelden Foundation