



Referral Form

Raymond Lesniak
Experience - Strength - Hope
Recovery High School

CONFIDENTIALITY NOTICE

The information contained in this facsimile transmission is confidential and intended for the sole use of the persons or entities named on this transmittal sheet. If you are not the intended recipient, you are hereby notified that any disclosure, distribution, copying or use of the information it contains is strictly prohibited. If you have received this in error, please call the number indicated below to arrange for the return of this information.

To: Morgan Thompson – Program Coordinator

Fax Number: 732-381-0140 Phone Number: 732-381-4100

From: _____

Date: _____

REMARKS:

This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law Federal Regulations and Statutes (42 CFR- Part 2) and New Jersey State Statutes (N.J.S.A. 26:2b-15) prohibits you from any further disclosure of it without the express written consent of the person to whom it pertains, or as otherwise permitted by such regulations and statutes. A general authorization for the release of medical or other information is NOT sufficient for this purpose.



Name _____

Date of Referral _____

Referred by: _____

Parent/Guardian _____

Address _____

Address _____

Telephone _____

Telephone _____

Cell Phone _____

School District: _____

Contact at District: _____

Telephone (____) ____ - ____

Email: _____

Student Information

DOB _____

Grade _____

Race _____

IEP/Classified __Y__ N

Sex __M__ F__

List Classification _____

Medications: _____

Previous Treatments/Interventions/Residential:

***PLEASE FAX Substance Abuse Evaluation at the time of referral OR circle NO prior substance abuse evaluation.**

This information has been disclosed to you from records whose confidentiality is protected by Federal and State Law Federal Regulations and Statutes (42 CFR-Part 2) and New Jersey State Statutes (N.J.S.A. 26:2b-15) prohibits you from any further disclosure of it without the express written consent of the person to whom it pertains, or as otherwise permitted by such regulations



