



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 _____
LAST FIRST MIDDLE INITIAL

Male Female

Mailing Address _____
STREET

CITY STATE ZIP COUNTRY

Email Address _____

Phone _____
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 A.M. P.M.

I attend meetings and can be a contact for: AA CA NA GA EA OA AI-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, RC1, PO Box 11, Center City, MN 55012-0011