

**Western Highlands Network
Consumer Transfer and Consent Form**

New Consumer

Transfer from 1st Provider _____
Name of 1st Provider

I, _____ request that my services/supports be provided
Consumer

by _____
New Provider/Agency Name

and I authorize Western Highlands Network to disclose/release information to my **new** provider regarding potential eligibility for services/benefits. This includes releasing alcohol and drug abuse information according to the Federal regulations (42 CFR Part 2) and/or information about communicable diseases,

for _____, DOB: _____ and
Consumer's Legal Name

SS# _____ .

I understand that this does **not** prohibit me from transferring providers through Western Highlands Network in the future.

Consumer/Guardian Signature

Date

New Provider Clinician and title

Date

New Provider/ Agency Name

This form is to be completed by consumer and/or guardian and returned to the **new** provider at your first meeting with that **new** provider. The **new** provider will mail or fax the signed form to Western Highlands Network with the appropriate information. Ask your **new** provider for assistance.

A written **Release of Information** must be delivered to the 1st provider in order to obtain past treatment/supports information for the new provider.

Mail to:
Western Highlands Network
356 Biltmore Avenue
Asheville, NC 28801

OR

Fax to:
828-225-2782

The purpose of this form is to transfer case responsibility from 1st provider to a **new** provider and release information regarding eligibility for services. This form does **not** constitute consent for treatment, which must be obtained by the **new** provider before services are delivered.