



HRN: 2.3a) Peer Recovery Support Participant Manual
PARTICIPANT SUPPORT NETWORK AND EMERGENCY CONTACTS



Participant Full Name: _____ **Date of Birth:** _____

Street Address: _____ **City:** _____ **State:** _____

County of Residence: _____ **Recovery Service County:** _____

Cell Phone: _____ **Home/Second Phone (if any):** _____

Email: _____ **Diagnos(es)** _____
(If desired for general announcements only; Not for support.) *(Your choice to disclose to assist support, Will remain private.)*

Race: *(circle one)* African American / Asian / Caucasian / Hispanic **Identified Gender:** _____

Identity traits I wish to disclose to assist support: _____

Emergency Contact Name: _____ **Relation:** _____

Want Signed Authorization? **Y / N** **Contact Info:** _____

Do you have a Legal Guardian? **Y / N** **Name:** _____

Want Signed Authorization? **Y / N** **Contact Info:** _____

Do you have a Case Manager? **Y / N** **Name:** _____

Want Signed Authorization? **Y / N** **Contact Info:** _____

THIS SECTION IS TO ASSIST IN AN EMERGENCY AND COORDINATE YOUR SUPPORT NEEDS:

- Hope Recovery Network (HRN) and your Peer Supporter use 'Best Practices' to protect your information.
- Sharing details about your HRN Peer Support requires a signed Authorization For Release of Information.
- Not being able to communicate may complicate crisis support as well as daily recovery support needs.
- You must decide how / if your HRN recovery support persons can share information on your behalf.
- You will have an opportunity to amend this information through the course of your recovery support.

Medications: _____

(Rx Cont.) _____ **Allergies:** _____

Health Conditions / Limitations: _____

Information for First Responders: _____

Recovery Provider Name: _____ **Contact:** _____
(Therapist, Psychiatrist, Court Officer, ect.)

Title: _____

Primary Care Provider: _____ **Contact:** _____

Alternate Emergency Contact (if desired): _____ **Contact:** _____

Group Home/Residential Contact (if any): _____ **Contact:** _____

List any persons above you want a signed Authorization for: _____