Anchored Anywhere

Consent for Introduction & Coordination

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This form authorizes the organization or professional who referred you (such as a treatment center, employer or EAP, study abroad or volunteer program, university, or clinician) to introduce you to Matt Vinciguerra of Anchored Anywhere for the purpose of exploring recovery coaching. Recovery coaching is **non-clinical** and entirely **voluntary**: it is not therapy, diagnosis, or medical treatment, and it complements, but never replaces, clinical care. Signing this form commits you to nothing beyond permitting an introduction.

Client name (print): _____ Date of birth (optional): _____

Referring organization or professional: _____ Contact person at referring organization: _____

Client email and/or phone to be shared: _____

How I prefer to be contacted (optional): ☐ Email ☐ Phone call ☐ Text or WhatsApp

Best time to reach me, or other notes (optional): _____

I authorize the following (initial each item you consent to):

_____ **1. Introduction.** The referring organization or professional named above may disclose my name and the contact details listed above to Matt Vinciguerra of Anchored Anywhere so that he may contact me to offer an introductory conversation about recovery coaching. This authorization covers my identity and contact information only. It does not authorize disclosure of my clinical records, diagnoses, or treatment details.

_____ **2. Ongoing coordination (optional).** If I choose to work with Anchored Anywhere, Matt Vinciguerra and my provider(s) or designated contact at the referring organization named above may communicate with each other about my participation and general progress in coaching, for the purpose of coordinating my care and support. I understand I may define or limit the scope of this coordination at any time.

My rights: This consent is voluntary and I may revoke it at any time by written notice to the referring organization or to Anchored Anywhere, except to the extent action has already been taken in reliance on it. Unless revoked earlier, this authorization expires **90 days** from the date signed (or on this date, if specified): _____. Declining or revoking consent does not affect any treatment or services I receive from the referring organization. Information shared under this consent will not be redisclosed by Anchored Anywhere to any other party without my separate written permission. I am entitled to a copy of this form.

_____ **Age.** I confirm I am 18 years of age or older.

Client signature _____ Date _____ Referring organization representative (name and signature) _____

If you are reaching out on your own, you do not need this form. Referring organizations are welcome to use their own release of information forms in place of this one; this document is offered for convenience. Completed forms may be returned to matt@anchored-anywhere.org. Anchored Anywhere maintains confidentiality under the NYCB Code of Ethical Conduct, within the limits that code describes, including mandated reporting. This form does not authorize the disclosure of clinical records. Anchored Anywhere does not pay or accept referral fees. Form v1.2. Provided for review; organizations should confirm it meets their regulatory requirements before use, including HIPAA and 42 CFR Part 2 where they apply.