

# SUBSTANCE ABUSE REHABILITATION PROGRAM

## RECORD OF DISCLOSURE

UNAUTHORIZED DISCLOSURE OF PERSONAL INFORMATION FROM  
THIS RECORD COULD SUBJECT THE DISCLOSURE TO CRIMINAL PENALTIES

1. This is to remain a permanent part of the record described below.
2. An entry must be made each time the record or any information from the record is viewed by, or furnished to any person or agency, except:
  - a. Disclosure to DOD or DON personnel having a need to know in the performance of their official duties.
  - b. Disclosure of items listed in paragraphs 14b(2)(e) and (f) of SECNAVINST 5211.5.

TITLE & DESCRIPTION OF RECORD			
DATE OF DISCLOSURE	METHOD OF DISCLOSURE	PURPOSE OR AUTHORITY	NAME & ADDRESS OF PERSON OR AGENCY TO WHOM DISCLOSED, WITH SIGNATURE IF MADE IN PERSON

Patient Name	Rank/Grade	Sex
SSN/Identification Number	Status	Date of Birth
Branch of Service	Organization	
Sponsor's Name	Relationship to Sponsor	