

Tratamiento de adicciones en línea para adultos y jóvenes

Aceptamos Medi-Cal

A los pacientes que luchan con cualquier trastorno por uso de sustancias, incluidos los trastornos por uso de alcohol, estimulantes y opioides, ofrecemos tratamiento accesible completamente en línea



Nuestro programa incluye

Medicamentos

Los médicos recetan medicamentos para ayudar a tratar los trastornos por uso de sustancias y otras afecciones de salud mental.

Asesoramiento

Consejeros ofrecen sesiones especializadas que incluyen discusión y educación para individuos y grupos.

Asistencia Social

Expertos conectan a los pacientes con programas de vivienda, legales, de atención médica y otros programas de asistencia

Inscríbese hoy visitando letsrecover.com/patients o llamando al (858) 208-0121

Recover

Substance Use Treatment

We offer patients struggling with **any substance use disorder**, including alcohol, stimulant, and opioid use disorders, accessible treatment via telehealth.



Our program is...

Comprehensive

We offer counseling, care coordination, medication, and recovery services.

Accessible

Treatment is available via telehealth for Medi-Cal patients.

Immediate

Enroll today by visiting letsrecover.com/enroll or calling (858) 208-0121.

Recover

letsrecover.com

(858) 208-0121



PATIENT CONSENT FOR THE RELEASE OF INFORMATION

I, _____, authorize Recover Medical Group P.C. to disclose to:

the following information:

- My attendance and compliance in substance abuse treatment for the purpose of assessing my engagement and progress with treatment.
- Details about my medical care, including medications I may be taking, lab results, and any other clinical information for the purpose of sharing relevant clinical information with other medical providers and enabling coordinated care.
- Other information: _____
for the purpose of: _____

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as described below.

Absent any action on my part, this consent for the release of confidential information expires 12 months after the date indicated below.

Patient Name

Signature

Date