

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION**

CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, authorize
(Name of Client)

ALCOHOL & DRUG DEPENDENCY SERVICES

(The Probation Department employees supervising my case)

(The Parole Department employees supervising my case)

(Name of appropriate court)

(Name of prosecuting attorney)

(Name of criminal defense attorney)

to communicate with and disclose to one another the following information with the nature and amount of the information as limited as possible:

my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, discharge summary and

The purpose of disclosure is to inform the persons(s) listed above of my attendance and progress in treatment.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and Health Insurance Portability and Accountability Act of 1966 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. 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 follows:

[Specify the date, event or condition upon which consent expires. This could be one of the following:]

There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment or

(specify other time when consent can be revoked and/or expires)

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Dated: _____

Signature of client