

CRIMINAL JUSTICE CONSENT TO RELEASE INFORMATION

PATIENT'S/DEFENDANT'S LAST NAME		FIRST	M.I.
IDENTIFICATION NO.		CASE NO.	
FACILITY		UNIT	

INSTRUCTIONS: Prepare one (1) copy for the Patient's Case Record.

I, the undersigned patient/defendant, hereby consent to communication between staff of this facility and the following Criminal Justice Agency(ies)/Person(s):

The purpose of this disclosure and the need for this disclosure is to inform the above named Criminal Justice Agency(ies)/ Person(s) of my attendance at, progress in and attitude toward my evaluation and treatment and

The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, my prognosis and

I understand that my participation in treatment is a condition of: (check all applicable)

- my release from confinement
- the execution of a sentence imposed upon me
- the disposition of a criminal proceeding against me
- the suspension of a sentence imposed upon me
- another action (Specify):

I understand that, unless otherwise specified, this consent will remain in effect and may not be revoked until there has been a formal and effective termination or revocation of my release from confinement and/or parole, probation, final disposition of a conditional release or other action under which I was mandated into treatment.

Duration of consent (if different) -----

Condition(s) for revocation of consent (if different) -----

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of this information may redisclose it only in connection with their official duties.

(Signature of Patient/Defendant)

(Signature of Parent/Guardian, when required)

(Print Name of Patient/Defendant)

(Print Name of Parent/Guardian)

(Date)

(Date)