

**CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, _____, authorize (initial whichever parties apply):
(Name of defendant)

[The ABC Alcohol and Drug Treatment Program],
(Name or general designation of program making disclosure)

[The Probation Department] employees supervising my case.

[The Parole Department] employees supervising my case].

_____,
(Name of the appropriate court)

_____,
(Name of prosecuting attorney)

_____,
(Name of criminal defense attorney)

_____,
(Other)

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

The purpose of the disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, urinalysis results, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis,

and _____

I understand that this consent will remain in effect and cannot be revoked by me until:

— 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 my alcohol and/ or treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and that recipients of this information may redisclose it only in connection with their official duties.

Dated: _____

Signature of patient

Signature of person signing form if not the patient