

Consent for the Release of Confidential Information
Criminal Justice System Referral

I _____, hereby consent to

Communication between: Dept of Public Safety & Correctional Services and the Alcohol and Drug Abuse Administration

The following information: Whether the defendant has outstanding detainers or is serving a sentence of incarceration.

The purpose of and need for the disclosure is to determine if the defendant has any outstanding detainers or is serving a sentence of incarceration in order to determine if he or she is eligible for treatment under Annotated Code of Maryland Health-General Article Section 8-507 ("Health-General Section 8-507").

I understand that this consent is subject to revocation at any time except to the extent that the program which is to make the disclosure has already taken action on it. If not revoked, this consent will terminate upon the defendant being placed into treatment under Health-General Section 8-507.

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 that recipients of this information may redisclose it only in connection with their official duties.

Signature of Defendant/Patient

Date

Witness

Date