

Consent for the Release of Confidential Information  
Criminal Justice System Referral

I \_\_\_\_\_, hereby consent to Communication between:

Dept of Public Safety & Correctional Services; Dept of Health & Mental Hygiene; Treatment Providers; Treatment Facility; the Court or Supervising Agency designated by the Court; Defendant's Attorney and the State's Attorney Office

The following information:

Treatment records including: Diagnosis, Attendance, Results of tests, Medical and Mental Health History, Substance Abuse History and Evaluations related to the need for Substance Abuse Treatment.

The purpose of and need for the disclosure is to inform the entities listed above about my need for substance abuse treatment and my progress in treatment

- 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:

- \_\_\_\_\_  
(other time when consent can be revoked and/or expires)

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 Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 CFR Parts 160 & 164; and that recipient's of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Signature of Defendant/Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

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 & Drug Abuse Patient Records; and that recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Signature of Defendant/Patient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

1/5/2010