



STATE OF MARYLAND
DEPARTMENT OF HEALTH AND MENTAL HYGIENE
BEHAVIORAL HEALTH ADMINISTRATION
OFFICE OF FORENSIC SERVICES

8470 DORSEY RUN ROAD
JESSUP, MD 20794-9486
Telephone: (410) 724-3171 Fax: (410) 724-3179

Gayle Jordan-Randolph, MD
Deputy Secretary for Behavioral Health Administration

Brian M. Hepburn, MD
Executive Director, Behavioral Health Administration

Behavioral Health Administration – Office of Forensic Services
Consent for the Release of Confidential Information: Criminal Justice System Referral

I, _____, hereby consent to the disclosure
name of defendant

of information and documentation between and among the following State of Maryland entities: (1) Behavioral Health Administration, (2) Office of Forensic Services, (3) the Local Health Departments, (4) Maryland Circuit and District Courts, (5) Office of the State's Attorney, (6) Office of the Public Defender, (7) Division of Corrections, and (8) Division of Parole and Probation.

The disclosure may include all or some of the following:

- Medical and other records and documentation, including substance abuse assessments, diagnosis, attendance or participation in treatment, results of chemical or psychological testing, medical history, mental health history, substance abuse history, social history, information pertaining to my participation within a treatment program, prognosis, further recommendations based upon my specific needs, and urinalysis IBAC results; and evaluations related to alcohol and substance abuse treatment; and
- Communications regarding my medical and substance abuse treatment

The purpose for this disclosure is to inform the above-named Maryland entities of my attendance and progress in treatment so that these entities are able to coordinate my treatment and make decisions based on the most recent information available, and to ensure compliance with Md. Code Ann., Health-Gen. § 8-505 (2013).

This consent is subject to revocation at any time except to the extent that the Maryland entity that is to make the disclosure has already taken action in reliance on it. If not previously revoked, this consent will terminate upon completion of participation in an alcohol and/or substance abuse treatment program.

Date: _____ Defendant: _____

Date: _____ Authorized Representative: _____