

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

Signature of Defendant/Patient

Date

Witness

Date