

SAMPLE CONSENT FORM

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(Name of patient)

(Name or general designation of alcohol/drug program making disclosure)

to disclose to _____ the
(Name of person or organization to which disclosure is to be made)

following information: _____
(Nature and amount of information to be disclosed, as limited as possible)

The purpose of the disclosure authorized in this consent is to:

(Purpose of disclosure, as specific as possible)

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

(Specification of the date, event, or condition upon which this consent expires)

Dated: _____

Signature of patient

Signature of parent, guardian
or authorized representative
when required

CRIMINAL JUSTICE SYSTEM REFERRAL CONSENT FORM

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

I, _____, hereby consent to
(Name of defendant)

communication between _____ and
(Alcohol/drug treatment program)

(Court, probation, parole, and/or other referring agency)

The purpose of and need for 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, 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 also understand that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 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 defendant/patient)

(Signature of parent, guardian or
authorized representative if required)