ADAPT

CONSENT TO RELEASE CONFIDENTIAL INFORMATION

I_____hereby consent to communication between ADAPT and referral agency. The communication is a condition of:

	CPS
	Court Sentencing
	Parole
	Pre-trial Sentencing
	Probation

The purpose of this consent is to provide the recipient with information about my attendance and progress in treatment which may affect my status with the Criminal Justice System. The following information may be released:

I understand that this consent will remain in effect until:

I also understand that the recipient may use this information only in connection with official duties regarding my criminal justice status and may not make it available for general investigations or other unrelated purposes. Further, this information can be re-disclosed and used only to carry out the person's official duties with regard to the court action. I understand that my signature below will not have effect on the ability or inability to determine, limit or restrict my treatment.

CLIENT'S SIGNATURE **DATE**

STAFF SIGNATURE **DATE**

Confidentiality Prohibition on Re-disclosure: This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal regulations (42 CFR Part II and 45 CFR HIPAA) prohibit you from making any further disclosure of it without the specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse client.