

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

I, \_\_\_\_\_, hereby consent for  
**Name of Defendant**

communication between \_\_\_\_\_ and  
**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

\_\_\_\_\_ **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 confidential of alcohol and 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**

\_\_\_\_\_  
**Signature of guardian or Authorized representative if required**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**

\_\_\_\_\_  
**Signature of Staff**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**