

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 confidentiality 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