



CONSENT FOR THE RELEASE OF INFORMATION

I, _____, DOB: _____
authorize SCOTT COUNTY COMMUNITY CORRECTIONS, to disclose the following information to:

[individual/clinic name, address, phone number]
authorize _____
[individual/clinic name, address, phone number]
to disclose the following information to Scott County Community Corrections

CHEMICAL DEPENDENCY

- Any Alcohol/drug-related data
Aftercare /Follow-up Recommendations
Admission / Intake Summary
Chemical Dependency Evaluation
Diagnosis and Progress Notes
Discharge Summary / Treatment Discharge Summary
Progress Review
Referral Meeting Summary
Treatment: completion of any in-patient or out-patient program
Verbal exchange of info. to review status in treatment and/or refer for service

PSYCHOLOGICAL

- Aftercare /Follow-up Recommendations
Admission / Intake Summary
Diagnosis and Progress Notes
Family Assessment
Psychological Evaluation / Testing
Progress Review
Psychological Assessment Results
Weekly Progress Reports
Verbal exchange of information to review status in treatment and/or refer for service

MISC

- Community Corrections Summary
Case Summary
Probation Conditions
Social History
Other (Pre-Sentence Investigation, Complaint, etc.)
Polygraph Reports
Please specify:

EDUCATION

- Academic Testing / Previous Educational Diagnosis
Grades / Attendance and Alcohol and/or Drug-related Behavior
Information regarding Special Education and IEP (if applicable)

The purpose of this disclosure is _____. I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent, unless otherwise provided for in the regulations.

I understand that any disclosure of chemical dependency information is regulated 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.

I also understand that I may revoke this consent in writing at any time, except to the extent that action has been taken in reliance on it (i.e. probation, parole, etc.) and that in any event, this consent expires automatically one year from today, OR until Court jurisdiction ends on the present offense.

Signature of Client Date Signature of Parent/Guardian or Representative, if required Date

Signature of Community Corrections Representative Date Signature of Parent/Guardian or Representative, if required Date