

Island County District Court
Probation Services Division
800 SE 8th Avenue Oak Harbor, WA 98277
Phone: 360 675-0777/ Fax: 360 678-8221

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

Name: _____ DOB: _____

Address/Phone _____

I, _____, hereby request and authorize the following:

Name of Agency: _____

Physician/Counselor name: _____ Phone #: _____

Reason for Disclosure: _____

To disclose, receive or exchange information with the Island County District Court Probation Department the following:

- 1.) Alcohol / Drug Evaluation / Diagnosis/ UA results
- 2.) Mental Health / Psychological Evaluations / Diagnosis
- 3.) Treatment Plan /Counseling Schedule and verification of attendance.
- 4.) List of current medications
- 5.) Progress reports and Prognosis

I understand that my records are protected under the Federal and State Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in 42 CFR part 2. 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 (e.g., probation, parole, etc.). This consent expires automatically 60 days from discharge after the affirmative conditions are met.

NOTICE: Prohibition on redisclosure prohibits you from making further disclosure on the above Information (42 CFR, part 2).

I further acknowledge that the information to be released was fully explained to me and this Consent is given of my own free will.

Executed this _____ day of _____, 20

Defendant Signature

Witness Signature