

Island County District Court  
Probation Services Division  
800 SE 8<sup>th</sup> 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 currant medications
- 5.) Progress reports and Prognosis

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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