

**BELLEVUE PROBATION DIVISION
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

NAME _____ DOB _____

ADDRESS _____ CASE # _____

I, _____, hereby authorize the exchange of information between

_____ and

(Health Care or Other Provider)

(Court, Probation, and/or Other Referring Agency)

The purpose or need for such disclosure is to inform the agencies listed above of my attendance and progress in treatment and/or my compliance with court orders and conditions of probation, to coordinate treatment services, and/or provide referral information.

This authorization applies to the following types of information, as indicated below:

- | | |
|---|--|
| <input type="checkbox"/> Urine/BAL test results | <input type="checkbox"/> Medical and lab reports |
| <input type="checkbox"/> Drug and alcohol history | <input type="checkbox"/> Psychiatric assessment and treatment |
| <input type="checkbox"/> Counselor's assessment of treatment progress | <input type="checkbox"/> Treatment modality and plan |
| <input type="checkbox"/> Information about attendance at treatment sessions | <input type="checkbox"/> STD information |
| <input type="checkbox"/> Jail/custody data | <input type="checkbox"/> Criminal justice records /information |
| <input type="checkbox"/> Other: _____ | |

I understand that this consent will remain in effect until _____. If I have not been released from probation at this expiration date, a new ROI will need to be completed. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, but that if I choose to revoke this consent, the Court will be informed.

I understand that my records may be confidential, depending on the information contained in them, under federal and state law including Part 2 of Title 42 of the Code of Federal Regulations and Chapter 70.02 RCW, and cannot be disclosed without my written consent unless otherwise provided for by law. Further disclosure is prohibited unless expressly permitted by my written consent.

Dated Signed Printed

Dated Witness Signature Printed