NEW YORK STATE
OFFICE OF ALCOHOLISM AND SUBSTANCE ABUSE SERVICES

CONSENT TO RELEASE OF INFORMATION CONCERNING CHEMICAL DEPENDENCE TREATMENT

FOR CRIMINAL JUSTICE CLIENTS

Client's Last Name	First	MI

Client's New York State Identification Number (**NYSID**)

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Referring Entity's Staff Member's Name:

Referring Entity's Name & Address

Referring Entity Type	
[ ] District Attorney	[ ] Parole - General
[ ] Court	[ ] Parole - Release Shock
[ ] Probation	[ ] Parole - Release Willard
	[ ] Parole - Release Resentence

INSTRUCTIONS:
1) SEND A COPY OF THIS COMPLETED FORM TO THE CLIENT'S TREATMENT PROVIDER;
2) ADD A COPY OF THIS COMPLETED FORM TO THE CLIENT'S CRIMINAL JUSTICE FILE; AND
3) PROVIDE A COPY OF THIS COMPLETED FORM TO THE CLIENT/DEFENDANT

1) I, the undersigned, Client/Defendant, hereby **CONSENT** and authorize communication between the above named **Referring Entity**, my Chemical Dependence Treatment Provider: _____ ____

and the following: _____

_____

_____

I **CONSENT** to **DISCLOSURE OF INFORMATION** concerning my current and past individual assessment or evaluation, intake summary, diagnosis, treatment recommendation, date of admission, and status as a patient including course and level of treatment (i.e. residential, community based, individual, or group), my progress and compliance including but not limited to: my attendance or lack of attendance at treatment, dates and results of toxicology/urinalysis, cooperation with my treatment program, prognosis, treatment completion or reason(s) for termination, date of discharge, discharge status, and discharge plan.

Such disclosure is for the **PURPOSE** of enabling the entities listed above to communicate as to my treatment needs, activities, history and attitude towards my evaluation and treatment for purposes of monitoring the terms and conditions of treatment, release, case management purposes, and for carrying out other official duties; **AND**

2) I further **CONSENT** and authorize communication between and among the above named **Referring Entity** and the New York State Office of Alcoholism and Substance Abuse Services (**OASAS**); and OASAS to **DISCLOSE INFORMATION** to the New York State Division of Criminal Justice Services (**DCJS**), concerning admission and discharge data for the **PURPOSE** of research and program evaluation activities. I understand that any reports or studies compiled from my records disclosed pursuant to this release will not include personally identifiable information which will remain confidential and protected from further re-disclosure.

I, the undersigned, have read the above and authorize the staff of the above named disclosing entities to disclose, obtain and share such information as herein specified. I understand that, unless otherwise specified, 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, interim probation supervision, probation, parole, post-release supervision, or local conditional release or other proceeding or determination by a releasing authority under which I was referred to or otherwise agreed to treatment.

I also understand that any disclosure of any identifying information is bound by Title 42 of the Code of Federal Regulations 42 CFR Part 2, governing the confidentiality of alcohol and drug abuse patient records, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. Pts. 160 &164; and that redisclosure of such information to a party other than those designated above is forbidden without additional written authorization on my part.

NOTE: Any information released through this form **MUST** be accompanied by the form **Prohibition on Redisclosure of Information Concerning Chemical Dependence Treatment Patient** (TRS-1)

I understand that generally the program may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. I have received a copy of this form, as recognized by my signature below.

_____ _____
(Print Name of Client) (Signature of Client)

_____
(Date)