

CONSENT FOR RELEASE OF
CONFIDENTIAL INFORMATION
CRIMINAL JUSTICE SYSTEM
REFERRAL

FOLLMAN AGENCY

910 South Anacortes Street

Burlington, WA 98233

(360) 755-1125 ♦ Fax (360) 757-1125

I, _____
(Name of Defendant)

hereby consent to communication between FOLLMAN AGENCY and

Court, Prosecutor, Probation, Parole and/or Other Referring Agency

The purpose of, and need for, this disclosure is to:

To enable the treatment provider to communicate to the criminal justice system agency listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, continuing care plan referrals, and prognosis.

I understand that 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, probation, parole or other proceeding under which I was mandated into treatment.

The information will be released in the following form(s):

Written Verbal Audio Video Electronic (including fax) Other _____

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and recipients of this information may re-disclose it only in connection with their official duties.

Defendant/Client Signature

Signature of parent, guardian or
Authorized representative if required

Date