RELEASE OF INFORMATION

Delaware Municipal Court OVI Docket
70 N. Union Street, Delaware OH 43015
Voice (740) 203-1525 or Fax (740) 203-1524

I, _____, date of birth _____, give my permission for an ongoing exchange of information between _____ (Treatment Provider) and the following individuals and agencies working together in the Delaware Municipal Court OVI Docket (Docket):

- Judge
- Docket Coordinator
- Community Control Officer
- Other service agencies who are providing services to participants of the Docket
- Delaware Morrow Mental Health and Recovery Services Board
- Other: _____

The purpose of, and need for, this exchange of information is to provide information about my participation in the Docket, about the treatment I need, and about my progress. I give permission for Treatment Provider to share information about my diagnosis, treatment plan, treatment attendance, program compliance, progress, and prognosis related to each Docket phase of participation. This information will allow the Team to plan and coordinate the services I need, to impose appropriate sanctions or incentives for my behavior, to submit billings for my services, to maintain data about me, and to audit, and evaluate the effectiveness of the Docket. It will also allow any persons named in this consent (such as family members) to be involved in my Docket activities. I understand that some or all this information may be discussed in open court where any person in the courtroom may hear the information. The type of information to be shared may include but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug screening results, progress reports, reports of program compliance and other related behavior, and recommendations for services, sanctions, and incentives.

Disclosure of this otherwise confidential information may be made only as necessary for hearings, case planning, treatment and/or reports concerning my participation in the Docket. No person, other than listed above, will have access to this information without my further consent. I understand that signing this authorization is voluntary.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the Docket either by my graduation or my termination from the Docket. I understand that I may revoke this release in writing and that revoking this consent will result in my termination from the Docket. I agree that disclosure of the above information, prior to graduation or termination from the Oocket and prior to my revoking this release is not a breach of my right to confidentiality.

I understand that any disclosure made regarding substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may redisclose it only in connection with their official duties, and only with respect to my participation in the OVI Docket.

All items on this form have been completed and my questions about this form have been answered. I have been provided a copy of the form.

_____

Date Defendant Printed Name Defendant Signature

Notice to Receiving Person or Organization: Prohibiting Redisclosure w/o Consent

This information is being disclosed to the above captioned individual/organization for the above stated purpose from records protected by Federal Confidentiality Rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosures of this information unless further disclosure is expressively permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.