## UNITED STATES PROBATION SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT PROGRAMS

I,			, the undersigned,
	(Name of Client)		
hereby authorize			to release confidential
	(Name of Program)		
information in its records, pos	ssession, or knowledge of what	ever nature may no	w exist or come to exist to the United
States Probation Office of the	;	District of	
	(Name of Court)		(State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with the preparation of a courtordered report.

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court.

I understand that this authorization is valid until I have been sentenced and my sentence is final, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before the completion of the presentence investigation will be reported to the court.

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)