



Franklin County Adult Probation Department

Court of Common Pleas - 39th Judicial District of Pennsylvania

440 Walker Road

Chambersburg, Pennsylvania 17201-9798

Consent for Release of Confidential Information: Criminal Justice System Referral

I, _____, hereby consent to _____ to disclose information from my patient records to the Franklin County Court and Franklin County Probation Department for the purpose of monitoring compliance with the conditions of Probation, Parole and/or Intermediate Punishment.

I understand that the information will be disclosed only for the purpose noted above and that the information released will be limited to the following items:

- (a) Status in treatment
- (b) Prognosis/Diagnosis
- (c) Treatment Modality/methodology of treatment
- (d) Brief description of progress in treatment
- (e) Relapse and frequency of relapses
- (f) Other : _____

I understand that this consent will remain in effect and cannot be revoked until there has been a formal and effective revocation of my release from confinement, probation, parole, intermediate punishment or other proceeding under which I was mandated into treatment.

_____ Other time: _____

I also understand that any disclosure made is bound by regulations governing the confidentiality of AOD Abuse Patient Records, 42 CFR Part 2 and that recipients of this information may re-disclose it only in connection with their official duties.

I have read this form and had it explained to me and I understand its contents.

Defendant name

Defendant SS #

Signature of Defendant

Date

Probation / Parole Officer Signature

Date

A copy of this form has been offered to me and I have:

[] Accepted the copy [] Rejected the copy

[revised May 03]