

# WHITMAN COUNTY PROBATION

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:

I, \_\_\_\_\_ hereby consent to Communication between:

- Wilson Psychological Services
- Palouse Recovery Center
- Palouse River Counseling
- Other \_\_\_\_\_

and the Whitman County Probation Office, Prosecutor's Office, and the Court. The purpose of and need for the disclosure is to inform the probation office with information pertinent to my probation. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance, my cooperation with the treatment program, prognosis, any failure in maintaining compliance with referent or agency expectation or agency rules. Please send, specifically:

- Evaluation
- Monthly Status Reports
- Recommendations for treatment
- Other \_\_\_\_\_

In turn, I understand that in specific cases the probation office must relay information on my case to the treatment agency.

- My case applies.
- My case DOES NOT apply.

I allow Whitman County Probation to give the following information to the above agency(ies) concerning the charge involved.

- Police Report
- Officers Notes
- Criminal History
- Pre-Sentence Investigation Report
- Other \_\_\_\_\_

I also understand that this consent will remain in effect and cannot be revoked by me until my probation period ends.

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

I hereby release the above parties from any and all liability arising from disclosing information as herein authorized. A copy of this authorization shall have the same force and effect as the original document.

Dated \_\_\_/\_\_\_/\_\_\_ Signed: \_\_\_\_\_

Dated \_\_\_/\_\_\_/\_\_\_ Witness Signed: \_\_\_\_\_