



Weekend Intervention Program

Consent for the Release of Confidential Information

I. Personal Information

(First Name, Middle Initial, Last Name)

(Address)

(City, State, Zip)

(Social Security Number) (Date of Birth)

I understand that this consent shall remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from probation, parole, or other proceeding under which I was mandated to attend the Weekend Intervention Program or until such time as specified: _____. I also understand that any disclosure made by the Weekend Intervention Program is bound by the federal law and regulations governing confidentiality of Alcohol and Drug Abuse Patient Records (42 U.S.C. § 290dd-2; 42 C.F.R. Part 2) and that recipients of this information may redisclose it only in connection with their official duties.

II. State Consent

I authorize the Weekend Intervention Program to provide information to the State of Ohio, Department of Alcohol and Drug Addiction Services regarding my participation in the program for purposes of providing management information reports as required in the Standards for Driver Intervention Programs and in accordance with the Ohio Revised Code 3793.10.

III. Local Consent

I authorize pertinent unrestricted communication between the Weekend Intervention Program and:

(Court, probation, parole, and/or other referring agency)

regarding Case. No.

The purpose of and need for this disclosure is to inform the criminal justice or other agency listed above of my attendance and progress in the Weekend Intervention Program. The extent of information to be disclosed is information about my attendance or failure to attend, my participation and cooperation with program rules and procedures, my evaluation and recommendations for further services that might be offered.

V. Authorization

Participant's Signature

Date

Witness's Signature

Date