



# The Court of Common Pleas Adult Probation Department Belmont County, Ohio

103 North Market St. \* St. Clairsville, OH 43950 \* phone (740) 695-3917 \* fax (740) 695-3942

## Consent for Release & Exchange of Confidential Information and/or Referral for Services

*Information disclosed may be subject to redisclosure by the recipient and the Health Information Portability and Accountability Act may no longer cover such information*

<i>Name:</i>		<i>Date:</i>	
<i>Address:</i>		<i>DOB:</i>	

I hereby authorize the release of the requested information to the Belmont County Court of Common Pleas, Adult Probation Department and any of its agents/employees, for the purpose of investigation, treatment, and continuity of care, compliance with supervision conditions, or any valid purpose under Ohio law. The information requested may be, but is not limited to: psychological evaluations, substance abuse diagnosis, treatment records, medical histories, diagnostic impression, treatment recommendations, and attendance, progress and discharge summaries.\*

**Information Requested:**

<input type="checkbox"/> Assessment / Diagnosis <input type="checkbox"/> Treatment Recommendation <input type="checkbox"/> Attendance <input type="checkbox"/> Compliance / Progress <input type="checkbox"/> Drug / Alcohol Testing Results <input type="checkbox"/> Treatment Prognosis	<input type="checkbox"/> Discharge Summary <input type="checkbox"/> Recommendation <input type="checkbox"/> Risk Assessment <input type="checkbox"/> Other: _____ _____ _____
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Authority to Release/Exchange Information granted to:	For: Adult Probation Dept.
Person(s), Institution or Agency:	Address: 103 North Market St. St. Clairsville, OH 43950
Address:	Phone#: 740-695-3917 Fax#: 740-695-3942
Phone #:	Attention: Probation Officer
Fax#:	
<b>Signature of Offender:</b>	<b>Signature of P.O.:</b>

**Duration of Consent:** This written consent is revocable only at the expiration or termination of supervision by the Court of Common Pleas of Belmont County.

\* Notice: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by 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.