AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION (DRUG OR ALCOHOL ABUSE PROGRAMS)

I,				, the undersigned,
	(Name	of Client)		
hereby authorize				to release confidential
	(Name	e of Program)		-
information in its r	ecords, possession, or knowledge	, of whatever nature may	now exist or o	come to exist to the United
States Pretrial Serv	vices or Probation Office for 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.); 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 my participation in the aforementioned program which has been made a condition of my pretrial release.

I understand that this authorization is valid until my release from supervision, 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 I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my pretrial supervision.

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

(Signature of Client)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

(Date Signed)