



# CONDITIONAL CONSENT FOR RELEASE OF INFORMATION



This form protects your civil liberties when the following conditions are met:

1. Make sure all blanks on the form are filled in before you sign it.
2. Do not sign this form as a required condition of treatment.
3. Sign this form only after a specific request for information has been made.
4. Make sure you understand that the release of information is limited to the person or agency named and that this information is not to be passed on to anyone else or to be used for any other purposes than the one specified. FURTHER, be advised any violation of the confidentiality of alcohol and drug abuse patient records is a federal offense under PL-92-282, Section 408 and PL-93-282, Section 333, and provides for a penalty of a fine of \$500 for the first offense and no more than \$5,000 for subsequent offenses. Further that you may report any violation of this act to any United States Attorney.

I, \_\_\_\_\_, authorize any care provider, counselor, or person requested by the Bannock County Probation Office,

TO RELEASE THE FOLLOWING INFORMATION FROM THE RECORD(S) IN ITS CUSTODY: (LIST SPECIFIC TYPE OF INFORMATION): **Contacts (by telephone, mail, or in person), TREATMENT PLANS, ASSESSMENT AND EVALUATIONS, SUMMARY DISCHARGE, PROGRESS REPORTS, ATTENDANCE, COMPLIANCE (OR NON-COMPLIANCE) WITH TREATMENT, COMPLETION OR RECOMMENDED TREATMENT, SCHOOL ATTENDANCE RECORDS, SCHOOL GRADING and/or REPORT RECORDS, or any other specific information requested by the Probation Officer or Office.**

THIS CONSENT EXPIRES ON: (Dated Event or Condition) **Upon Completion of Probation.** This release will expire without express revocation upon completion of the above date, event, or condition.

THIS INFORMATION MAY BE RELEASED ONLY TO:

Name, Title, Organization: **BANNOCK COUNTY MAGISTRATE PROBATION,**  
Address: **746 East Lander Drive, Pocatello, ID 83201**

IN ADDITION, THIS INFORMATION MAY BE RELEASED ONLY FOR THE PURPOSE OF: **Establishing Compliance With Probationary Terms and Conditions.**

I release Bannock County and the Bannock County Magistrate Probation from any or all responsibility and liability concerning the release of information I have consented to above. I have reviewed the above conditions and am aware of my civil liberties in regard to confidentiality of my records and I know that I have the right at any time to revoke this consent IN WRITING.

Signature \_\_\_\_\_

Printed Name \_\_\_\_\_

Date: \_\_\_\_\_

Witness \_\_\_\_\_