Consent for Release of Confidential Information

IN THE COURT OF COMMON PLEAS
Clinton County, Ohio

"YOU -TURN" RECOVERY DOCKET
CONSENT FOR RELEASE OF
CONFIDENTIAL INFORMATION

I, _____, hereby consent to unrestricted communication between the “You-Turn” Recovery Docket Treatment Team, including the judge, supervision officers, licensed treatment providers, law enforcement, prosecuting attorney, defense counsel and any other individual authorized by the judge.

The purpose and need for the disclosure is to inform the court and/or correctional agency of my attendance at, progress in, and attitude toward evaluation and treatment. The extent of necessary information to be disclosed includes assessments, attendance at treatment programs, prognosis, diagnosis, probable cause affidavit, progress notes, treatment plans, discharge plans, and results of drug/alcohol screens.

I understand that by signing this consent I am knowingly and voluntarily waiving the law provision that states that this consent would normally expire. I acknowledge that it is my specific intention this consent is to remain in effect until current criminal proceedings are ended.

This consent is subject to revocation at any time except to the extent that action has been taken in reliance on it. In any case, it will expire at the end of corrections, revocation proceedings or upon successful completion of the program, whichever occurs last.

I also understand that any disclosure made between the above name agencies or individuals is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of this information may disclose it only in connection with their official duties.

_____

Defendant's Signature Date

_____

Guardian (if applicable) Date