

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION
Consent to Release Confidential Information

Individual's Name: _____ **Today's Date:** _____
Date of Birth: _____

I, _____, do hereby consent to and authorize the Lancaster County Drug and Alcohol Commission to release relevant information to the following entity:

Name: _____
Title or Relationship to Individual: _____
Agency Name: _____
Full Address: _____
Telephone/Contact Information: _____

It has been explained to me and I understand that the information released will be restricted to the following:

- Whether or not I am in treatment/treatment-related services
- My reported treatment prognosis
- The nature of the treatment project
- A brief description of progress
- A short statement as to whether I relapsed
- Other: _____
(specify)

Furthermore, it has been explained to me and I understand that the reason for the release of the information is solely for the purpose of:

- Providing treatment status reports
- Coordinating my treatment efforts
- Coordination of and status report of my identified treatment-related needs
- Other: _____
(specify)

I understand that the information being disclosed is from the records in which the confidentiality of its contents is protected by Federal and State Regulations: 42 CFR Part 2 and 4 Pa. Code § 255.5. Federal Regulation 42 CFR, Part 2 prohibits any further disclosure, unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is not sufficient for this purpose.

I understand that I may revoke this consent at any time by notifying (verbally or in writing) a LCDAC staff or designate, except to the extent that action has been taken in reliance of my consent AND/OR, when applicable, if I am a client of the criminal justice system in which there has been a formal action by a Judge or documentation that the DA is putting me on ARD AND where copies of the legal order that state I must be in treatment to continue under such a disposition are in my client record, then and only then, federal regulations 42 CFR Part 2, Subpart C, 2.35, stipulate that I cannot revoke the consent to release drug & alcohol treatment information to the criminal justice system until after the court stipulated condition has been met.

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION
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Individual's Signature

Date

Witness Signature

Date

Expiration Date: _____ *(Specify date, event, or conditions)*

Check appropriate box: I have accepted a copy of this document I have declined a copy of this document