

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

Consent to Release Confidential Information

Lancaster County Treatment Court Team(s)

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 entities:

Please check all that apply

- Lancaster County Court of Common Pleas**, Treatment Court Team Designate, 50 North Duke Street, Lancaster, PA 17608, Phone- 717-299-8041
- Lancaster County Prison**, Treatment Court Team Designate, 625 East King Street, Lancaster, PA 17602, Phone- 717-299-7800
- Lancaster County Office of the District Attorney**, Treatment Court Team Designate, 50 North Duke Street, Lancaster, PA 17608, Phone- 717-299-8100
- Lancaster County Adult Probation & Parole Services**, Treatment Court Team Designate, 40 East King Street, Lancaster, PA 17608, Phone- 717-299-8181
- Lancaster County Behavioral Health & Developmental Services**, Treatment Court Team Designate, 750 Eden View Road, Lancaster, PA 17601, Phone- 717-393-0421
- Lancaster County Public Defender's Office**, Treatment Court Team Designate, 150 North Queen Street, Lancaster, PA 17603, Phone- 717-299-8131
- Behavioral Healthcare Corporation**, Eric Eshleman M. Ed. or Treatment Court Team Designate, 822 Marietta Ave., Lancaster, PA 17603, Phone- 717-399-8288 (***Mental Health Court Team and Veterans Court Team ONLY***)
- Recovery Insight**, Treatment Court Team Designate, 1525 Oregon Pike, Lancaster, PA 17601, Phone- 717-517-8552 (***Mental Health Court Team ONLY***)
- Lebanon VA Medical Center**, Treatment Court Team Designate, 1700 South Lincoln Ave., Lebanon, PA 17042, Phone: 1-800-409-8771 extension 4683 (***Veterans Court Team ONLY***)
- Community Liaison**, Frank Burnside CRS or Designate; Private Citizen; Lancaster, PA (***Drug Court Team ONLY***)
- Volunteer Veteran Consultant**, Thomas Romanowski; Private Citizen; Lancaster, PA (***Veterans Court Team ONLY***)

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Other (specify) _____

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.

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