### VERMONT DUI TREATMENT DOCKET RELEASE

## AUTHORIZATION FOR RELEASE AND DISCLOSURE OF CONFIDENTIAL ALCOHOL AND/OR DRUG ABUSE PATIENT INFORMATION

I,	(Print Client's Name),	Docket/Case #'s	,
	authorize the Windsor County DUI Treatment Docket and sta	ff thereof, to receive information	
	information to the following: (The information being shared i		ess, attendance
and co	mpliance with the DUI treatment court services.) Check appropriate the court services of the court services of the court services of the court services of the court services.	priate boxes and insert name:	
	Transment Provider		
	Treatment Provider		
	Public Defender		
	State's Attorney		
	HCRS / Case Manager		
	Dept. of Corrections (if applicable)		
	Dept. of Employment and Training (if applicable)		
	Guardian ad litem (if applicable)		
	Other – Provide Name		
Alcoho provide	estand that any information shared is protected by Federal Regular and Drug Abuse Patient Records" and cannot be disclosed we defor in the regulations. (See back of Authorization). Recipier nection with their official duties.	ithout my written consent unles	s otherwise
open cou	estand that I have the right to restrict this information. I understourt; however, detailed specific treatment information will not artroom is a public place and that the hearings are recorded, and e information shared, including members of the media.	be disclosed in open court. I an	n aware that
revocat the DU	estand that the services I receive are not conditioned upon authorion of this consent will result in termination from the DUI Treatment Docket may continue. Revocation should be subnet Coordinator.	eatment Docket, services not pro	vided through
	athorization permits the release of the information as described th my completion or termination in the program, whichever occ		or
Partici	ipant's Signature	Date	
If unde	er 18 years of age, Parent/Guardian's Signature	Relationship to Mir	nor
	read and explained the content and purpose of this release and tanding by the individual.	have received verbal acknowled	lgement of
Witnes	ss Signature	Date	

Revocation					
I hereby revoke this authorization on		· · · · · · · · · · · · · · · · · · ·			
further information under this authorization. I understand that any information that has already been released is not					
effected by the revocation and may be considered co	vered under this authorizati	ion.			
Signature:	_				

# State of Vermont Drug Treatment Courts

#### Notification Form from 42 C.F.R. § 2.22(d)

#### CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

(See 42 U.S.C. § 290dd-3 and 42 U.S.C. § 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)