

**PRISONERS' RIGHTS OFFICE**  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, Vt. 05633-3301  
Tel: (802)828-3194 \* Fax: (802)828-3163

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

TO: All medical and mental health physicians, providers,  
institutions and hospitals/\_\_\_\_\_:

I, \_\_\_\_\_, the undersigned, do hereby authorize  
the release of any and all records or information of any type in  
the custody of you or your office or institution with reference  
to: \_\_\_\_\_, to the:

Prisoners' Rights Office  
6 Baldwin St., 4<sup>th</sup> Floor  
Montpelier, Vermont 05633-3301

The purpose of the disclosure authorized herein is to assist  
counsel in representation.

I understand that my records are protected under the federal  
regulations governing Confidentiality of Patient records, 42 CFR  
Part 2, and cannot be disclosed without my written consent unless  
otherwise provided for in the regulations. I also understand  
that I may revoke this consent at any time except to the extent  
that action has been taken in reliance on it, and that in any  
event this consent expires automatically one year from the date  
of its signing.

A photocopy of this release shall have the same authority as  
the original.

DATED at \_\_\_\_\_, Vermont, this \_\_\_\_ day of  
\_\_\_\_\_, 2007.

✓ \_\_\_\_\_  
Signature

✓Date of Birth: \_\_\_\_\_