

AAPS "Multi-party consent for the release of confidential alcohol and/ or drug treatment information

I, _____ authorize
Name of client

(1) _____
Overland Park Municipal Court and/or designee
Overland Park Municipal Court

(2) _____
Name of Attorney (s)

(3) _____
Johnson County Community Corrections—House Arrest and/or Designee
Johnson County Community Corrections – House Arrest

(4) _____
Other, please specify—**mark N/A if not used**

To communicate with and disclose to one another the following information: (Nature and amount of the information as limited as possible)

[Client initial each category that applies]

_____ My name and other personal identifying information;
_____ Initial assessment/evaluation of my treatment needs;
_____ Summary of alcohol and/or drug treatment, progress and compliance;
_____ Attendance in alcohol and/or drug treatment services;
_____ Discharge date, discharge status and discharge plan/summary from alcohol and/or drug treatment;
_____ Urinalysis and/or PBT test results;
_____ Other: _____
mark N/A if not used

The purpose or need for such disclosure authorized in this consent is to coordinate/satisfy legal proceedings and/or requirements.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. 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 as follows:

This consent (unless expressly revoked earlier) expires on: _____

Dated

Signature of client

Dated

Signature of parent, guardian or legal representative

Dated

Witness