

**YORK/ADAMS DRUG &ALCOHOL COMMISSION**

**NON-REVOCABLE CONSENT for RELEASE of CONFIDENTIAL INFORMATION**

**CLIENT NAME** \_\_\_\_\_

**TODAY's DATE:** \_\_\_\_\_

**CLIENT D.O.B.** \_\_\_\_\_

**S.S.N.\*** \_\_\_\_\_

\*The Federal Privacy Act of 1974 requires that you be notified that disclosure of your Social Security Number is voluntary. The purpose of the request for your Social Security Number is for identity verification.

I, \_\_\_\_\_, do hereby consent to and authorize

**York/Adams Drug & Alcohol Commission Designate to release the following information to:**

- York County Wellness Court Judge and/or Designates
- York County Wellness Court Coordinator and/or Designates
- York County Wellness Court Probation Officer(s) and/or Designates
- York County Wellness Court District Attorney(s) and/or Designates
- York County Wellness Court Team Member and/or Designates not listed above
- York County Wellness Court MH/IDD Case Manager(s) and/or Designates
- York County Wellness Court Public Defender and/or Designates
- York County Wellness Court Treatment Provider Representative(s) and/or Designates
- Administrative Office of PA Courts (AOPC)
- Other: (specify) \_\_\_\_\_

**It has been explained to me & I understand that the information released and/or communicated about and/or disclosed to one another will be restricted to the following:**

- Whether I am or am not in treatment
- My reported treatment prognosis
- The nature of the treatment project
- A brief description of my treatment progress
- A short statement as to whether I relapsed into drug or alcohol abuse while in treatment and the frequency of such relapse
- Other (specify) \_\_\_\_\_

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

- Providing treatment status reports;
- Coordinating treatment efforts;
- Coordination of and status report of my identified non-treatment needs;
- Coordination of funding efforts;
- Other (specify) \_\_\_\_\_

• I understand that the information being disclosed is from the records in which the confidentiality of its contents are 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 because I am a client of the criminal justice system in which there has been a formal action by a Judge {and/or documentation that the DA is putting me on ARD} AND copies of said legal order stating I must be in treatment to continue under such a disposition are in my client record, federal regulations 42 CFR Part 2, Subpart C, 2.35, stipulate that I cannot revoke this consent to release drug & alcohol treatment information to the criminal justice system until after the court stipulated condition has been met.

Furthermore, my signature indicates that I have been offered a signed copy of this document.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

**Expiration Date with specific date, event, or conditions:** \_\_\_\_\_

**I accepted a copy of this document ; I declined a copy of this document**