

**YORK COUNTY TREATMENT COURTS
RELEASE OF INFORMATION FORM**

I hereby authorize the York County Treatment Courts to release information to the Lebanon Veterans Affairs Office regarding the record of:

Name: _____ DOB _____

Address: _____

The information released will be limited to the following: Psychiatric, Medical and Psychological Records, Social Security Statements, Social History, Treatment Plans, Progress Notes, Discharge Summary, Legal History, Drug and Alcohol Evaluation Results and Recommendations, Treatment Status and Updates, Case Management Updates and Status and other pertinent information.

The information will be used for the following purposes: Determination of eligibility, goal/treatment planning, referral to programming, case management, supervision and compliance monitoring.

The information released will be limited to the following time period: One Year

This release is valid from (start) _____ for one year or until my termination/resignation/completion of York County Treatment Courts, and may be revoked at any time, except to the extent that action has already been taken based on this authorization. To revoke this authorization, please notify, in writing, the York County Treatment Court Administrator located at 45 North George Street, 2nd Floor, York, PA 17401. I understand that I need not consent to the release of this information. However, I choose to do so voluntarily. I understand that treatment, payment, enrollment or eligibility are not subject to signing this release, except as required to initiate County services. If health information is needed to initiate County services and I do not sign this release, I understand that I may not receive services. I understand that there may be a risk that the person/organization receiving my information could possibly disclose it without my authorization and then the confidentiality of the information might not be protected. I have read this form carefully and understand what it means.

Signature of client

Date

Witness

Date

Notice to the recipient of these records: This information has been disclosed to you from records whose confidentiality is protected by State and Federal Law. Regulations limit your ability to make any further disclosure of this information without the prior written authorization of the person to whom it pertains.