TASC OF NORTHWEST OHIO
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Last	First	Middle	Date of Birth	SS#

I voluntarily authorize TASC to communicate with and:

☐ Disclose to ☐ Obtain from

The following alcohol or drug treatment program(s), criminal justice entities, and /or other agencies/individuals listed below (initial all that apply):

Treatment program	*Criminal Justice entity*	*Other*
☐ _____	☐ Toledo Municipal Court	☐ Mental Health & Recovery Serv. Bd. of Lucas County
☐ _____	☐ Lucas Co. Common Pleas Court	☐ CCNO
☐ _____	☐ Lucas County Juvenile Court	☐ Toledo Lucas County Health Department

The following information (initial each category that applies):

☐ Assessments	☐ Diagnosis/recommendations	☐ Previous/ current CJ records
☐ Attendance records	☐ Treatment plans	☐ Other _____
☐ Progress reports	☐ Drug screen/BAC results	☐ Other _____
☐ Discharge summary	☐ Educational vocational records	☐ Other _____
☐ Medical records	☐ Employment records	☐ Other _____

The purpose and need for such disclosure is to determine my treatment needs, and to inform the above identified agencies and/or departments of my current status in TASC, the court system and of my progress in treatment. I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment **or**

☐ may be revoked and/or expires on: _____
Date and/or event

I also understand that any disclosure is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of drug and alcohol abuse patient records. These rules prohibit any further disclose of this information unless further disclosure is expressly permitted by my written consent or as otherwise permitted by 42 C.F.R., Part 2. A general authorization is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client.

Executed this date: _____ By: _____

Witness: _____