NEW CONCEPTS
CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL (DIP)

I, _____, hereby consent to communication between
[(Name of client/defendant]

_____New Concepts_____ and _____
[Alcohol/drug treatment program] [Court, probation, parole and/or other referring agency]

The purpose of and need for the disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and

_____DIP Related Information_____

_____

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

☐ _____
[Specify other time when consent can be revoked and/or expires]

I also understand that any disclosure made is bound by the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records [42 U.S.C. '290dd-2; 42 C.F.R. Part 2] and that recipients of this information may re-disclose it only in connection with their official duties.

Dated: _____ _____
[Signature of defendant/client]

_____
Signature of parent, guardian or authorized representative if required]

From the Legal Action Center's book AConfidentiality and Communication: A Guide to the Federal Drug and Alcohol Confidentiality Law@ 2000 Edition. To order book: 800-783-4903.