

**CRIMINAL JUSTICE CONSENT FOR THE RELEASE
OF CONFIDENTIAL INFORMATION:**

I, _____, hereby consent to communication between:

Dawn Farm
P.O. Box 981098
Ypsilanti, MI 48150
(734) 485-8725

and

The purpose of and need for the communication and 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 treatment attendance, prognosis, compliance and progress in accordance with the referring court's monitoring criteria and _____

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 the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R. Pts. 160 & 164. 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:

_____ 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 understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form.

Client Signature: _____

Date: _____

Witness Signature: _____

Date: _____