

SAMPLE CONSENT TO RELEASE INFORMATION  
(Court Commitments and Referrals)

I, \_\_\_\_\_ authorize (FACILITY) to release information from my clinical records to:

\_\_\_\_\_

The purpose of this consent is to provide the recipient with information about my attendance and progress in treatment which may affect my status with the Criminal Justice System. The following information may be released:

\_\_\_\_\_ attendance \_\_\_\_\_ progress \_\_\_\_\_ cooperation with the program

\_\_\_\_\_ diagnosis \_\_\_\_\_ prognosis \_\_\_\_\_ medical condition

\_\_\_\_\_ other: \_\_\_\_\_

I understand that this consent will remain in effect until:

\_\_\_\_\_ final disposition of the conditional release or other action in connection with which the consent was given.

\_\_\_\_\_ (other time or event) (Regardless of the date or event specified, this consent will expire upon final disposition of the legal action):

After this time or event the consent may be revoked.

If not revoked, this consent will expire: \_\_\_\_\_

I understand that the recipient may use this information only in connection with official duties regarding my criminal justice status and may not make it available for general investigations or other unrelated purposes. Further, this information can be redisclosed and used only to carry out the person's official duties with regard to the court action.

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

\_\_\_\_\_  
Date

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