UNITED STATES PRETRIAL SERVICES AND PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT PROGRAMS

I, _____, the undersigned,
(Name of Client)

hereby authorize_____ to release confidential
(Name of Program)
information in its records, possession, or knowledge of whatever nature may now exist or come to exist to the United States Pretrial Services and Probation Office of the Northern District of Ohio.

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy; general adjustment to program rules; types and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with the preparation of a court-ordered report, and/or in connection with my supervision (to include pretrial release, diversion, probation, supervised release, parole, mandatory release, conditional release).

I understand that the pretrial services and probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court, and/or the United States Parole Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until I have been sentenced and my sentence is final, and/or when I am released from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

_____
(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization for further disclosure of such information. I also understand that revoking this authorization before the completion of the bail investigation, diversion investigation, pre-sentence investigation, or before I satisfy the condition of supervision that requires me to participate in the program, will be reported to the court. Revocation of authorization under such circumstances could be considered a violation of a condition of my supervision.

_____	_____
(Signature of Parent or Guardian of Client is a Minor)	(Signature of Client)
_____	_____
(Date Signed)	(Date Signed)
_____	_____
(Name & Title of Witness)	(Date Signed)