

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION DUI INTERVENTION PROGRAM

I, _____, authorize
(Name of Client)

(Name of DBHDD Clinical Evaluator)

to disclose to the Georgia Department of Behavioral Health & Developmental Disabilities, Division of Addictive Diseases the following information:

the results of my clinical evaluation as shown on the DUI Offender Case Presentation form and any other information about my evaluation necessary to determine an appropriate referral to or release from treatment.

The purpose of the disclosure authorized herein is to:

Enable the professional staff of the Department of Behavioral Health & Developmental Disabilities and it's agents to review and approve the recommendation of my Clinical Evaluator.

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. 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:

(Six) 6 months after the completion of my clinical evaluation or _____
(Expiration Date)

Client Signature

Date