

# VERITAS

## Consent for the Release of Confidential Information

I, \_\_\_\_\_ hereby consent to communication between the **Veritas Intensive Supervision / Drug Treatment Program** and the **Twenty-eighth Judicial Circuit, Supreme Court of Virginia, Bristol Commonwealth's Attorney's Office, Virginia Department of Corrections, Lifeline Services, other Veritas Team members, and Other:**

**to release the following information as required to fulfill my obligations to the court:**

- Summary of criminal history, correctional status and instant offense
- Summary of my response to treatment at the conclusion of services
- Information to include emotional, mental health, medical record, school records, military records, court records, and probation records.
- Substance Abuse screening Results
- Substance Abuse assessment Results
- Notice of progress in treatment, or lack thereof
- Outline of treatment plan
- Notice of any attendance problems
- Other: \_\_\_\_\_

### **For the purpose of:**

Treatment Assessment, Presentence Assessment, Probation Supervision, Court Reports, Treatment/Education Services, Pre/Post Sentence Investigation, Other: \_\_\_\_\_

I understand that all information generated or obtained through my participation in substance abuse treatment is protected under Part 2 of Title 42, Code of Federal Regulations and by the Health Insurance Portability and Accountability act of 1996 governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose only in accordance with the previously cited regulations and/or the resolution of the court proceedings under which I was mandated into treatment, and/or through this Consent for Release of Confidential Information. This information includes but is not limited to: substance abuse screening/assessment results; treatment plan; attendance at treatment sessions; progress in treatment, or lack thereof; results of any positive or negative drug screening tests if conducted by the treatment provided; and, summary of my response to treatment at the conclusion of services. I also have read or have had explained to me any Service Agreements which provided for exchange of information regarding the processing of my case.

I understand that the information generated or obtained through the processing of my case through the criminal justice system that is not related to my participation in substance abuse treatment is not protected under federal confidentiality regulations and may be used by the courts in sentencing and supervision of my case during incarceration, pretrial supervision or probation, to include any application for supervision transfer to a member of the interstate compact.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective release from pretrial supervision or probation , or other court proceeding under which I was mandated into treatment. I attest to having read, or have had read to me this document and fully understand the contents. I request that all such persons/agencies accept a photocopy of this document as authorization to release the above information that is consistent with the purpose or purposes stated within this document.

This consent shall expire on the date of my termination from the Veritas Program.

Signature of Offender \_\_\_\_\_

Date \_\_\_\_\_

Signature of Veritas Staff \_\_\_\_\_

Date \_\_\_\_\_