Road to a Better Life
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Protected Health Information (PHI) Release Authorization-*Criminal Justice*

This form is ONLY for Criminal Justice System/Court Mandated Referral Situations
For persons in treatment as a condition of disposition of a criminal proceeding
such as probation, parole, sentence, dismissal of charges, release from imprisonment
to monitor clients' compliance with SUD treatment.

Applies only to: Disclosures to elements of the criminal justice system which have referred patients for participations in a Part 2 Program (Substance Use Disorder Program) as a condition of the disposition of any criminal proceedings against the patient or of the patient's parole or other release from custody. Information related to criminal justice system duty to monitor patient progress (prosecuting attorney, court, probation, parole) (NOT for DCYF.)

Name (First, MI, Last)_____DOB _____-_____-_____

I hereby authorize ROAD to disclose my Protected Health information as follows:

REASON for Release: Criminal Justice System: _____

Disclosure is made **only to** those individuals within the criminal justice system who have need for the information in connection with their duty to monitor the patients progress (e.g. a prosecuting attorney who is withholding charges against the patient, a court granting pretrial or post-trial release, probation or parole officers responsible for supervision of the patient) AND the patient has signed a written consent to release.

ROAD to a Better Life may release to:

Entity/Name: _____
Address: _____
Address: _____
Phone: _____
Fax: _____

DURATION of Release Consent

DATES OF SERVICES from _____ to _____

(Duration: anticipated length of treatment, type of criminal proceeding, no later than expected final disposition date)

RECORDS to be released: __YES__ Substance Use Disorder Program Records of ROAD

I, the Patient, OR Authorized Person of Patient, UNDERSTAND:

- I understand that this consent is revocable upon the passage of the specified amount of time or the occurrence of a specified event. This consent becomes revocable no later than the final disposition of the conditional release or other actions in connection with which this consent is given. (except where a disclosure has already been made in reliance on my prior authorization.)
- I may choose to refuse to sign this form.
- I have the right to inspect or copy the information I am consenting to release within the organization's established policies.
- My right to healthcare treatment is not conditioned on this authorization.
- I understand that disclosure of this information carries with it the potential for re-disclosure and the information may not be protected by federal/state confidentiality rules.
- There may be a charge for the requested records.
- Unless otherwise specified, release may be in any reasonable manner including: paper, unencrypted fax/electronic.

PATIENT/Authorized Person SIGNATURE: _____ Date: _____

Authorized Person NAME (print)**: _____ Relationship: _____**

Substance Abuse Disorder treatment information (covered by 42 CFR Part 2 C 2.35): Notice to recipient of protected information: This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The Federal rules state that a person who receives patient information relative to this consent may re-disclose and use it **only** to carry out person's official duties with regard to the patient's conditional release or other action in connection with which the consent is given.
The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.