



STATE OF MARYLAND
Department of Public Safety and Correctional Services
Division of Parole and Probation

CONSENT AND AUTHORIZATION FOR RELEASE OF INFORMATION

Name of Supervised/Monitored Individual Date of Birth

I authorize the following substance use disorder program ("Program") to release information regarding my participation in the Program to the Maryland Division of Parole and Probation ("DPP"):

Name of Program:
Address:
City/State/ZIP:
Phone number:

The Program is authorized to disclose to the Maryland DPP any and all of the information in its possession, custody, or control concerning my substance abuse disorder and my progress in the Program, including but not limited to the following information concerning me: the results of any and all assessments conducted by the Program; Program attendance; compliance with the requirements of the Program; compliance with recommendations made by the Program; status in the Program; the results of drug and/or alcohol tests conducted by the Program; and any and all information related to discharge from the Program.

The purpose of this authorization is to allow the Program to disclose information to the Maryland DPP because a sentencing court and/or the Maryland Parole Commission have (or has) made my participation in the Program a condition of my probation, parole, and/or mandatory supervision release.

I understand that any disclosure made by the Program is bound by Part 2 of the Code of Federal Regulations governing the Confidentiality of Alcohol and Drug Abuse Patient Records and that recipients of this information may redisclose it only in connection with their official duties. I also understand that federal law prohibits the use of Program information to criminally investigate or prosecute a Program participant.

I understand that in order to carry out its official duty to report my compliance with, or any potential violations of, the conditions of my probation, parole, and/or mandatory supervision release, the Maryland DPP may re-disclose any and all information provided by the Program to: (1) the sentencing court, if I have been placed on probation; (2) the Maryland Parole Commission, if I have been released on parole or mandatory supervision; (3) the State's Attorney's Office; and (4) my defense attorney.

I understand that this Consent and Authorization Form will remain in effect and cannot be revoked by me until there has been a termination of, or a revocation of, the period of probation, parole, or mandatory supervision release during which I was required to participate in treatment.

Signature of Supervised/Monitored Individual or Authorized Representative (if applicable) Date of Signature

Signature of DPP Agent/Monitor