

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
DRUG ABUSE PROGRAMS
RESTRICTED COMMUNICATION**

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
Probation Office of the _____ District of _____
(Name of Court) (State)

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

This disclosure is for the purpose of _____

Redisclosure of the above information is authorized as follows: _____

This authorization is effective from _____ to _____
unless such authorization is revoked by me in writing. This authorization expires 60 days after it is signed.

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)