## UNITED STATES PROBATION SYSTEM AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION MENTAL HEALTH TREATMENT PROGRAMS

| I,                                                                                                                                                                                                                                                                                                                                                                                                                                      | , the undersigned,                                                                                                                                                                                                                        |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| (Name of Client)                                                                                                                                                                                                                                                                                                                                                                                                                        |                                                                                                                                                                                                                                           |
| hereby authorize                                                                                                                                                                                                                                                                                                                                                                                                                        | to release confidential                                                                                                                                                                                                                   |
| (Name of Progra                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |
| information in its possession to the United States Probation C                                                                                                                                                                                                                                                                                                                                                                          | Office in the(Name of Court)                                                                                                                                                                                                              |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         | (Name of Court)                                                                                                                                                                                                                           |
| The confidential information to be released will include detection test results; type, frequency, and effectiveness of the of medication; response to treatment; test results (e.g., psychosex offense specific evaluations, clinical polygraphs); date of diagnosis; and prognosis.                                                                                                                                                    | ological, psycho-physiological measurements, vocational,                                                                                                                                                                                  |
| This information is to be used in connection with my been made a condition of my post-conviction supervision (in release, or conditional release), and may be used by the probat informed concerning compliance with any condition or spe authorization is valid until my release from supervision, a information expires. I understand that information used or did the recipient and may no longer be protected by federal or states. | ion officer for the purpose of keeping the probation officer cial condition of my supervision. I understand that this at which time this authorization to use or disclose this sclosed pursuant to this authorization may be disclosed by |
| I understand that I have the right to revoke this authonotification to the program's privacy contact at:                                                                                                                                                                                                                                                                                                                                | orization, in writing, at any time by sending such written                                                                                                                                                                                |
| (Name and Addres                                                                                                                                                                                                                                                                                                                                                                                                                        | s of Program)                                                                                                                                                                                                                             |
| I understand that if I revoke this authorization to release authorization to further disclosure of such information. I also satisfy the condition of my supervision that requires me to part My revocation of authorization under such circumstances conconviction supervision.                                                                                                                                                         | o understand that revoking this authorization before I articipate in the program will be reported to the court.                                                                                                                           |
| (Signature of Parent or Guardian if Client is a Minor)                                                                                                                                                                                                                                                                                                                                                                                  | (Signature of Client)                                                                                                                                                                                                                     |
| (Date Signed)                                                                                                                                                                                                                                                                                                                                                                                                                           | (Date Signed)                                                                                                                                                                                                                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                         |                                                                                                                                                                                                                                           |
| (Name & Title of Witness)                                                                                                                                                                                                                                                                                                                                                                                                               | (Date Signed)                                                                                                                                                                                                                             |