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At the conclusion of the program a summary report is typically sent to the court that referred you to the Weekend Intervention Program. (This is done only with your permission.) If you would like to have a copy of that report sent to your attorney, please complete the Authorization for Release of Information form below.

AUTHORIZATION FOR RELEASE OF INFORMATION

CLIENT NAME: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_

This will authorize the staff of The Weekend Intervention Program to release information to and receive information from the attorney indicated below:

\_\_\_\_\_  
Attorney's Name  
\_\_\_\_\_  
Attorney's Address  
\_\_\_\_\_  
City, State, Zip  
\_\_\_\_\_  
Telephone/FAX Number  
\_\_\_\_\_  
Attorney's Email Address for electronic transmission

Type of Information to be Disclosed:

- \_\_\_\_\_ Certificate of Completion
- \_\_\_\_\_ Formal Screening and/or Assessment Summary
- \_\_\_\_\_ Other Information (specify below)

**Purpose of the Disclosure:** To facilitate disposition of pending case.

**Amount of Information to be Disclosed:** Information pertaining to my attendance at the Weekend Intervention Program during the following dates:

\_\_\_\_\_

In accordance with 42 CFR 2, this consent is subject to revocation at any time by the client except to the extent the program or person who is to make the disclosure has already acted in reliance on it. Unless an earlier date is specified, this consent expires ninety (90) days after it is signed.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains 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. The Federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

I authorize the Weekend Intervention Program to transmit my records electronically, by computer or facsimile machine. It is understood that the information will be sent only to the above indicated authority. No other use of the information is being authorized.

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date