

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SUBSTANCE ABUSE TREATMENT PROGRAMS**

I, _____, the undersigned
(Name of Client)
hereby authorize _____ to release confidential information
(Name of Program)
in its records, possession, or knowledge of whatever nature may now exist or come to exist to the United States Probation Office of the Western District of Pennsylvania.

The confidential information to be released will include: Whether the client is or is not in treatment; Client's prognosis; Nature of the project; Brief description of the client's progress; Relapse into drug/alcohol abuse; and frequency of treatment.

The information which I now authorize for release is to be used in connection with my participation in the aforementioned program which has been made a condition of my _____
(pretrial release, post-trial release, probation, or parole).

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court and/or United States Parole Commission when necessary for the purpose of discharging its supervisory duties over me and to monitor the patients progress.

I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law except as indicated by 42 CFR, Chapter 1, Part2.

I understand that I have the right to revoke this authorization, in writing or verbally, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post- conviction supervision.

(Signature of Client)

(Date Signed)

(Name & Title of Witness)

(Date Signed)