

MEDINA COUNTY ADULT PROBATION DEPARTMENT

209-AUTHORIZATION FOR RELEASE OF INFORMATION AND RECORDS

This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part2.) The Federal rules prohibit you from making any further disclosures 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.

To the Client: 1. Be sure all lines are completed before you sign the form. 2. Be sure the release is in your best interest.

FROM THE RECORDS OF:
NAME: _____ DATE _____
DATE OF BIRTH: _____ SOCIAL SECURITY NO. _____

I AUTHORIZE MEDINA COUNTY ADULT PROBATION DEPT. TO: (99 Public Square, Medina, Ohio 44256-330-725-9791)
RELEASE TO
RELEASE FROM

Facility/Individual: _____

Address: _____

I

AUTHORIZE THE RELEASE OF THE FOLLOWING INFORMATION:

- Dates of Treatment, Diagnostic Evaluation, Progress Reports, Prognosis, Treatment Summary, Recommendation

PURPOSE OR NEED FOR DISCLOSURE/INFORMATION: PRESENTENCE INVESTIGATION AND/OR CASE MANAGEMENT NEEDS.

DATE AUTHORIZATION EXPIRES: _____ Specify Date, Event, or Specific Action, Release Expires (or 120 -days)

This authorization can be revoked at any time prior to this date or action providing written notice to the Medina County Adult Probation Department I understand that any information released prior to revocation cannot be retrieved and the Medina County Adult Probation Department will not be held responsible for such. I. hereby release Medina County Adult Probation Department from all legal responsibilities or liability that may arise from this act

Defendant's/Probationer's Signature Date Probation Officer's Signature/Witness Date

Re-disclosure of this information is prohibited without the written consent of the person to whom it pertains. This authorization form is intended to be in conformance with applicable Federal and/or Ohio State Laws.

Original to agency releasing information. Copy to agency receiving information.