

Authorization for Release of Information

Name (Please Print): _____

Date of Birth (MM/DD/YYYY): _____

I, the undersigned, do hereby request and authorize you to furnish to **Community Probation Services LLC** or *authorized agents* any and all information that you may be in possession of concerning:

- Assessments: Including Drug and Alcohol, mental health or medical
- Treatment: Including Drug and Alcohol, mental health or medical
- Medical Records: history, and treatment reports
- Social History data: including family, education, employment, arrest, alcohol/drug use information
- Summary of previous mental health and/or alcohol/drug treatment
- Admission/Discharge dates and reports of current treatment progress
- Activities and social services provided while in treatment
- Department of Children Services and/or Social Services

Please include any relevant reports including all information of a confidential or privileged nature and photo stats/copies of same if requested. I hereby release you, your organization or others from any liability or damage which may result from furnishing the information requested above. This authorization shall remain in effect until withdrawn by me in writing.

I understand and agree that I may receive written and/or electronic communications from Community Probation Services LLC regarding my appointments, court dates, classes, payments, etc.

Signature

Date

Witness

Date

BELOW OFFICE USE ONLY

Send All information to:

Community Probation Services LLC Email: _____

Community Probation Services LLC Fax#: _____