



Release of Information Consent Form

I, _____, DOC # _____, authorize representatives of the Department of Corrections (DOC) or designees to exchange written information with:

(Individual/Agency/Provider)

(Address)

Purpose: _____

Specific information to be released:

_____ Prison Intake Tool (PIT)

_____ Progress Assessment

_____ Parole Board Action

_____ Grievances

_____ Referral Information

_____ Other (Specify)

_____ Drug Detection Screens

I understand that the information to be released may include HIV infections and drug and alcohol documentation. I certify that this request has been made voluntarily and that the information given above is accurate to the best of my knowledge. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken to comply with it. This release will remain in effect for a period of five years from the date of execution unless revoked in writing prior to this date.

I make this consent upon the premise that all discharges made pursuant to the authority granted by this consent will be accomplished by a written notice that states the following:

“This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulation (42 CFR, part 2) prohibits you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose.”

I hereby release DOC from any liability that may result from furnishing the information requested as authorized in this release.

I have read the above and foregoing Consent for Disclosure of Confidential Information and I do hereby acknowledge that I am familiar with and fully understand the terms and conditions of this consent.

(Offender Signature) Date _____

Distribution: Offender Electronic File; Medical File; Offender