

CHEMICAL DEPENDENCY/MENTAL HEALTH/ CRIMINAL JUSTICE SYSTEM MULTI-PARTY AUTHORIZATION FOR RELEASE OF INFORMATION

Consent for the Release of Confidential Information about Mental Health and Alcohol or Drug Treatment

I,	authorize (1) The Department of Corrections
and	
(2) the following Mental Health Treatment Provider:	(3) the following Alcohol or Drug Treatment Provider:
Name:	Name:
Address:	Address:
Phone Number:	Phone Number:
(4) the following Designated Chemical Dependency Specialist (DCDS):	(5) the following other provider of information necessary for cross-
Name:	systems communication:
Address:	Name:
Phone Number:	Address:
	Phone Number:
To communicate with and disclose to one another the following information (The client must initial each type of information authorized):	
(1) Department of Corrections	(2) Mental Health Treatment
□ Pre-Sentence Investigation	
	MH Treatment History and Progress Reports
☐ Criminal History	☐ Involuntary Treatment History/Records (RCW 71.05)
☐ Risk Assessment	
☐ Compliance with Supervision	☐ Psychological Evaluations
☐ Conditions of Supervision	☐ Psychiatric Evaluations
 ✓ Mental Health Assessments ✓ Violations of Terms of a Court Ordered Treatment 	 ☑ Forensic Discharge Review (State Hospital) ☑ MH Treatment Discharge Summaries
Violations of Terms of a Court Ordered Treatment	
(3) Chemical Dependency/Substance Abuse Treatment	(4) Designated Chemical Dependency Specialist (DCDS)
□ Chemical Dependency Assessments and Treatment Plans	
□ CD Treatment History and Progress Reports	Supervision that relates to Public Safety
☐ CD Treatment Discharge Summaries	
CD Treatment Continuing Care Plan	Commitment
☐ Treatment Compliance Reports (Requested by DOC)	(T) 0 (1) () () () () ()
Request to Designated Chemical Dependency Specialist	(5) Other: Specify other information as necessary for cross-
(DCDS) for an Assessment	systems collaboration:
 ☐ Chemical Dependency Assessments and Treatment Plans ☐ Involuntary Treatment History/Records (RCW 70.96 A) 	
The purpose of the disclosures authorized in this consent is:	
(1) To improve public safety by allowing communication and multidisciplinary case management and release planning.	
(2) To enable treatment providers to communicate continuing care plan referrals to the above agencies	
I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of	
Alcohol and Drug Abuse Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and	
Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164. I understand that this authorization shall remain in effect for the duration	
of my DOC supervision unless revoked prior to that time. I also understand that I may revoke this consent at any time except to the	
extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:	
☐ There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other	
proceeding under which I was mandated to treatment, or	
(Specify other time when consent can be revoked and/or expires)	
I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.	
Signature of Offender/Client:	
	Initials: Date:
DOC Number	Date of Birth
DOC Number: Date of Birth: Co-signature of Parent/Guardian if Offender/Client is under the age of 18	

The records contained herein are protected by Federal Confidentiality Regulations 42 CFR Part 2 and 45 CFR Parts 160 and 164. The Federal rules prohibit further disclosure of this information to parties outside of the Department of Corrections unless such 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. Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.