

LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION

Consent to Release Confidential Information

Lancaster County Treatment Court Team(s)

Individual's FULL Legal Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

I, \_\_\_\_\_, do hereby consent to and authorize the Lancaster County Drug and Alcohol Commission to release relevant information to the following entities:

Please check all that apply:

- checkbox Lancaster County Court of Common Pleas, Treatment Court Team Designate, 50 North Duke Street, Lancaster, PA 17608, Phone- 717-299-8041
checkbox Lancaster County Prison, Treatment Court Team Designate, 625 East King Street, Lancaster, PA 17602, Phone- 717-299-7800
checkbox Lancaster County Office of the District Attorney, Treatment Court Team Designate, 50 North Duke Street, Lancaster, PA 17608, Phone- 717-299-8100
checkbox Lancaster County Adult Probation & Parole Services, Treatment Court Team Designate, 40 East King Street, Lancaster, PA 17608, Phone- 717-299-8181
checkbox Lancaster County Behavioral Health & Developmental Services, Treatment Court Team Designate, 750 Eden View Road, Lancaster, PA 17601, Phone- 717-393-0421
checkbox Lancaster County Public Defender's Office, Treatment Court Team Designate, 150 North Queen Street, Lancaster, PA 17603, Phone- 717-299-8131
checkbox Behavioral Healthcare Corporation, Eric Eshleman M. Ed. or Treatment Court Team Designate, 822 Marietta Ave., Lancaster, PA 17603, Phone- 717-399-8288 (Mental Health Court Team and Veterans Court Team ONLY)
checkbox Recovery Insight, Treatment Court Team Designate, 1525 Oregon Pike, Lancaster, PA 17601, Phone- 717-517-8552 (Mental Health Court Team ONLY)
checkbox Lebanon VA Medical Center, Treatment Court Team Designate, 1700 South Lincoln Ave., Lebanon, PA 17042, Phone: 1-800-409-8771 extension 4683 (Veterans Court Team ONLY)
checkbox Community Liaison, Frank Burnside CRS or Designate; Private Citizen; Lancaster, PA (Drug Court Team ONLY)
checkbox Volunteer Veteran Consultant, Thomas Romanowski; Private Citizen; Lancaster, PA (Veterans Court Team ONLY)
checkbox Other (include name of agency/program; address; telephone number)

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It has been explained to me and I am in agreement to permit the following specific information\* to be disclosed (\*there must be a detailed description of how much and what kind of information may be disclosed, including explicit description of SUD information to be disclosed, of which should be limited as possible):

Furthermore, it has been explained to me and I understand that the reason for the release of the information is solely for the purpose of (\*\*a detailed description of the reason of the disclose; should be as specific as possible):

Providing treatment status reports

\*\*Explain in detail:

Coordinating treatment efforts.

\*\*Explain in detail:

Coordination of ad status report of my identified treatment-related needs.

\*\*Explain in detail:

Other

\*\*Explain in detail:

I understand that the information being disclosed is from the records in which the confidentiality of its contents is protected by Federal Regulations 42 CFR, Part 2. Federal Regulation 42 CFR, Part 2 prohibits any further disclosure, unless further disclosure is expressly permitted by MY written consent, or as otherwise permitted by such regulations. A general authorization of the release of medical or other information is not sufficient for this purpose.

I understand that I may revoke this consent at any time by notifying (verbally or in writing) a LCDAC staff or designate, except to the extent that action has been taken in reliance of my consent AND/OR, when applicable, if I am a client of the criminal justice system in which there has been a formal action by a Judge or documentation that the DA is putting me on ARD AND where copies of the legal order that state I must be in treatment to continue under such a disposition are in my client record, then and only then, federal regulations 42 CFR Part 2, Subpart C, 2.35, stipulate that I cannot revoke the consent to release drug & alcohol treatment information to the criminal justice system until after the court stipulated condition has been met.

As indicated in my RIGHTS as an individual involved in the SUD treatment system, I understand that whenever this consent is utilized, documentation of the exchange of information shall be made of which every effort shall ensue to inform me of the exchange. Furthermore, I may inquire at any point about said exchange of information.

I understand that if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, that services may be denied. If, however, I refuse to consent for any other purposes, I will NOT be denied services.

Individual's Signature

Date

**LANCASTER COUNTY DRUG AND ALCOHOL COMMISSION**

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**Lancaster County Treatment Court Team(s)**

**Expiration Date:** \_\_\_\_\_ *(Specify date, event, or conditions; cannot be longer than reasonably necessary to serve the purpose of the consent)*

Check appropriate box:  I have accepted a copy of this document  I have declined a copy of this document