VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - INDIVIDUAL

Probationer:	Date of Birt	th:	
I hereby grant the Virginia Alcohindividual(s):	ol Safety Action Program (VASAP) con	nsent to exchange information with the following	
(Full Name)		(Assigned Password)	
for the purpose of informing the would not otherwise be legally e	· · · · ·	tion pertaining to my participation in ASAP to which the	
without my written consent unle information is protected under I	ess otherwise provided for in the regu HIPPA and cannot be released by the A	ality Regulations (42CFR Part 2) and cannot be disclosed lations. I further understand that all treatment ASAP without my consent; however, should I elect to I be sent to the supervising ASAP in order to effectively	
	•	automatically upon termination of my ASAP mation form shall be considered to be valid as the	
Executed this	day of	, 20	
Participant's Signature:			
Parent/Guardian Signature (requ	uired if under the age of 18):		
To revoke consent for release of	f information, complete this section.		
Date Revoked:			
Participant's Signature:			
Parent/Guardian Signature (if re	quired):		

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure 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.