## **Commission on VASAP**

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer:	SSN:
I authorize OLD DOMINION ASAP to Program making disclosure	disclose information to / obtain information from:
Court of Record/Referral, Commonwealth Att criminal justice entities; local, state and federal Programs ( ) Treatment provider: Psychotheral	forney and Defense Attorney of Record/Referral; other law enforcement; VA DMV, Ignition Interlock apy Associates,
( ) other	
Person/organization to/or fi	rom disclosure is to be made
the following information: Status and Recomm	nendations
Purpose of the disclosure is <u>Tracking</u> , <u>Monitor</u>	ring and Supervision .
disclosed without my written consent unless pr may revoke this consent at any time except to t (e.g. probation, parole, etc.) and that in any eve	er Federal Confidentiality Regulations and cannot be covided for in the regulations. I also understand that I the extent that action has been taken in reliance on it ent this consent expires automatically as described may be deemed a violation of probation by the court.
Date, Event, or Condition upon which this cons	sent will expire:
Upon termination of my ASAP	Probation
Executed thisday of	20
This consent includes information placed in my	y records after the above date.
A copy of this consent is as valid as the origina	ıl.
Date:	
	Participant's Signature
Witness	Parent/Guardian, where required
Date Revoked:	
Participant's Signature:	
Parent/Guardian, where required:	
Witness:	

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.