

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION/CLIENT RECORDS

I _____ hereby authorize Bridges DUI Program to disclose verification of enrollment, breathalyzer result, program participation, progress, attendance, status, and/or completion to the following individuals and/or agencies for the purpose of coordinating DUI Program Directives:

California State Department of Health Care Services, Department of Motor Vehicles, Sacramento and/or referring Courts, Probation/Parole Department, Sacramento County System of Care, Strategic Highway Safety Plan 2.3, Mothers Against Drunk Drivers, and/or Transferring Agency

Also included in this release of confidential information are the person(s) listed below:

NAME	RELATIONSHIP	PHONE NUMBER

Bridges DUI Program and its staff are hereby released from all liabilities, legal and/or otherwise that may arise from the release of said information.

*As a participant in the program, I understand that my records are protected under Federal Confidentiality Regulation (title 42, 2.1 through 2.67-1), and cannot be disclosed without my consent. **I also understand that this consent will expire two years to the day from the last professional contact with the Bridges DUI Program.***

CLIENT RECORD CONFIDENTIALITY

The confidentiality of client records maintained by this program are protected by Federal Regulation (Title 42, section 2.1 through 2.67-1). Generally, the program may not divulge a client’s attendance in the program to any person outside the program, or disclose any information identifying a client as a drug or alcohol user or abuser unless; the client consents in writing. Disclosure is allowed by a court order, to medical personnel in a medical emergency, or qualified personnel for research, audit, or program evaluation.

Violation of federal Law and regulations by a program is a crime, and violations may be reported to appropriate authorities in accordance with Federal regulations. Federal laws do not protect any information about a crime committed by a client at the program, or against any person who works for the program, or any threat to commit such a crime. Federal laws does not protect any information about suspected child abuse, elder abuse or neglect from being reported under State Law to appropriate State and Local authorities.

PARTICIPANT NAME:	PARTICIPANT SIGNATURE:	DATE SIGNED:
REPRESENTATIVE NAME:	REPRESENTATIVE SIGNATURE:	DATE SIGNED: