

## VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION – TREATMENT

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**Probationer:** \_\_\_\_\_  
(Your Name)

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

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with  
\_\_\_\_\_ for the purpose of verifying compliance with my ASAP  
(Name of Treatment Provider or Agency)

requirements and substance abuse treatment.

I understand that this may include the release of treatment information and reports to include my treatment assessment, treatment plan, diagnosis, prognosis, alcohol and other drug test results, and attendance records at treatment sessions.

I understand that if I am under the supervision of a court, I am authorizing disclosure of such treatment information by the ASAP to the applicable court, commonwealth attorney, and the attorney of record if required.

I further understand that, except otherwise permitted by this expressed consent, my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 CFR, Parts 160 & 164.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. A copy of this Consent for Release of Treatment Information form shall be considered to be valid as the original.

**Executed this** \_\_\_\_\_ **day of** \_\_\_\_\_, **20** \_\_\_\_\_

**Participant's Signature:** \_\_\_\_\_

**Parent/Guardian Signature: (required if under the age of 18):** \_\_\_\_\_

To revoke consent for release of information, complete this section.

Date Revoked: \_\_\_\_\_

Participate Signature: \_\_\_\_\_

Parent/Guardian Signature (if required): \_\_\_\_\_

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**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 information is not sufficient for this purpose.