

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer:		SSN:	
I authorize	Dragon Making Dipologuro	<u></u>	
	•		
the unrestricted consent to disclos	e/to obtain from Person or organization	on to/or from whom disclosure is to be made	
the following information:			
Purpose of the disclosure is: _			
I understand that if I am referred to will be reported to the courts and my formal and effective termination fron probation, education and treatment,	consent for that purpose cannot n or revocation of my status with t	be revoked. There also must be a	
I also understand that my records a Part 2) and cannot be disclosed v Regulations. I also understand tha	vithout my written consent unle	ss otherwise provided for in the	
Date, Event, or Condition upon wh	·		
Executed this			
This consent includes informat	ion placed in my records aft	er the above date.	
A copy of this consent is as va	•		
Date:			
	Participant's	Signature	
Witness	Parent/Gua	rdian, where required	
Date Revoked:			
Participant's Signature:			
Parent/Guardian, where require	ed:		
Witness:			

PROHIBITION ON RE-DISCLOSURE: Information released as permitted by this consent 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.