

Commission on VASAP

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Probationer:

DOB:

I authorize OLD DOMINION ASAP to disclose information to / obtain information from:
Program making disclosure

Court of Record/Referral, Commonwealth Attorney and Defense Attorney of Record/Referral; other criminal justice entities; local, state and federal law enforcement; VA DMV, Interlock

the following information: Status and Recommendations

Purpose of the disclosure is Tracking, Monitoring and Supervision.

I understand that my records are protected under Federal Confidentiality Regulations and cannot be disclosed without my written consent unless provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g. probation, parole, etc.) and that in any event this consent expires automatically as described below. However, a revocation of the consent may be deemed a violation of probation by the court.

Date, Event, or Condition upon which this consent will expire:

Upon termination of my ASAP Probation

Executed this _____ day of _____ 20_____.

This consent includes information placed in my records after the above date.

A copy of this consent is as valid as the original.

Date: _____ *Participant's Signature*

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.