VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION TO BE USED WHEN THE OFFENDER IS NO LONGER IN THE ASAP

Probationer: _____ **Date of Birth:** _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information related to my ASAP requirements with:

(specify)

_____

I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all treatment information is protected under HIPAA and cannot be released by the ASAP without my consent. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original. For the release of treatment information, a treatment Consent Form will need to be executed.

Executed this _____ **day of** _____, **20**_____

Participant's Signature: X _____

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

_____

This consent for release of information will expire: _____

Date of Expiration

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

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature *(if required):* _____

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.