VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - TREATMENT

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

I hereby grant Old Dominion ASAP _____ consent to exchange information with
(NAME OF ASAP)

_____for the purpose of verifying compliance with my ASAP
(NAME OF TREATMENT PROVIDER)

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 further understand that if I am under the supervision of the 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 as 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 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R., 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: X _____

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

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.

[Updated 8/23/19]