

Starting Point, Inc.

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL
WAC 388-805-330**

I, _____, hereby consent to communication between
(Name of client/patient)

Starting Point, Inc

(Name of program making disclosure)

and _____
(Court, probation, parole, and/or other referring agency to which disclosure is to be made)

The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above, of the results of my assessment and/or my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at chemical dependency treatment sessions, my cooperation with the treatment program, prognosis, any failures in maintaining compliance with referent or agency expectations or agency rules, and,

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

(Other time when consent can be revoked and/or expires)

I also understand that any disclosure made, is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of the information may redisclose it only in connection with their official duties.

Date

Signature of client/patient

Date

Signature of Chemical Dependence Professional