RELEASE OF INFORMATION

I, _____, authorize any provider, counselor, law enforcement, school or person requested by Idaho County Court Services to release the following information from the record(s) in their custody including but not limited to:

- Contacts – made by telephone, mail or in person
- Treatment plans
- Assessments, diagnostic evaluations, psychiatric and psychological evaluations including recommendations for treatment or programming
- Summary discharges and/or completion records
- Progress reports and/or notes including attendance records
- Compliance or non-compliance with program/plan records
- Drug or alcohol testing records including but not limited to attendance and results
- Medical records
- Incident reports
- Education records
- Criminal background information or reports
- Or any relevant information requested by an Idaho County Probation Officer

This consent is valid for 1 year or until the completion of probation supervision and the release of the named individual from the authority of Idaho County Court Services.

This information is being released for the purpose of case planning and monitoring compliance with the terms and conditions of probation supervision. The information may only be released to:

Idaho County Court Services
Address: 320 W. Main St. #28, Grangeville, ID 83530
Phone: 208-983-0339 Fax: 208-983-0529

I release Idaho County, Idaho County Court Services and the party providing the information from any and all liability regarding the release of information I have agreed to in this document. I have reviewed this document and am aware that this authorization will remain in effect and cannot be revoked by me until there has been a formal and effective final disposition of the case that mandated me into treatment.

THIS CONSENT REQUIRES THAT A PROBATION OFFICER WITNESS THE SIGNATURE

Probationer's Printed Name:_____ Date of Birth:_____

Probationer's Signature:_____

Date of Signature:_____

Witness's Printed Name:_____ Date:_____

Witness's Signature:_____

If a patient is a minor under 18, or incapacitated, the signature of a parent or guardian is required below

Printed Name:_____ Signature:_____

Address:_____