



CUYAHOGA COUNTY OFFICE OF THE PUBLIC DEFENDER
Chief Public Defender – Mark A. Stanton

CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION
Alcohol and Drug Records

I, _____, authorize _____

and its representatives to disclose, re-disclose, disseminate and to communicate with:

- (1) My attorney and/or his/her representatives,
- (2) The Guardian Ad Litem assigned to my child(ren)s case and/or his/her representative;
- (3) The Cuyahoga County Juvenile Court;
- (4) Any and all parties related to my child(ren)s case and/or his/her representative;

The following information: (initial all that apply)

- _____ my name and other personal identifying information;
- _____ information about my status as a patient in alcohol and/or drug treatment;
- _____ initial referral for assessment and evaluation;
- _____ date of my admission to the program;
- _____ summary of treatment plan, progress and compliance;
- _____ attendance;
- _____ urinalysis and/or breathalyzer results;
- _____ date of discharge and discharge summary;
- _____ discharge plan;
- _____ other; specifically: _____.

The purpose of these disclosures is to provide my attorney, all parties to the matter, the Guardian Ad Litem for my child(ren) and the Cuyahoga County Juvenile Court with the information they need to determine whether I have made sufficient progress in treatment in treatment so as to regain custody of my child(ren).

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patients Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise 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, and that in any event this consent expires automatically upon termination of involvement by the Cuyahoga County Department of Children and Family Services.

Signature of Patient

Date

Attorney of Client

Date

