CONSENT FOR THE RELEASE OF CONFIDENTAL INFORMATION CRIMINAL JUSTICE SYSTEM

My name is	; DPS/SID#	; Birth Date	
responsible for the treatment and to	anyone in the criminal justice s	ut my substance treatment to agencies system who has made my participation in gainst me or my community supervision,	
TDCJ, Including all The Treatment Prov			
The entities that can receive the info monitor my progress, specifically	ormation are those that have	a need for the information in order to	
Prosecuting Attorney	The Criminal	The Criminal Justice Policy Council	
Sentencing Court		Community Supervision Officers (Probation)	
Parole Officers		Texas Commission on Alcohol & Drug Abuse	
Transitional Treatment Cen The board of Pardons and P		Governor or Designees of the Governor	
The information about me that can be	released includes:		
Incarceration	Management	Attendance records	
Identity	Cooperation	Treatment Sessions	
Criminal Records	Diagnosis	Medical Information	
Employment History	Prognosis	Mental Health Information	
Social History	Treatment	Substance Abuse History	
I understand anyone who I give the ir to anyone not on this list.	formation to can use it only for	r official reasons and they cannot give it	
	t form until I have been formal	information about my progress in the ly discharged from parole or mandatory	
Defendant Signature		Date	
Signature of Witness			

Notice to Receiving Agency or Person: Any disclosure of this information is bound by Part 2 of Title 4 of the Code of Federal Regulations governing confidentiality of alcohol and drug patient records(42 CFR Part 2) Anyone who receives this information can disclose it to another person or agency only in connection with their official duties.