



IDAHO DEPARTMENT OF CORRECTION

Protect the public, our staff and those within our custody and supervision

BRAD LITTLE
Governor

JOSH TEWALT
Director

REQUEST AND CONSENT FOR RELEASE OF CONFIDENTIAL OFFENDER INFORMATION

1. Name, address and information of offender authorizing release of records.

Offender Name: Phone: IDOC # (if applicable)
Date of Birth: Social Security No:
Mailing Address:
Relationship to Offender: Self Other:

2. Statement of Request and Authorization

I do hereby request and authorize the Idaho Department of Correction (IDOC) to release the information indicated below to:

Name: Phone: Facsimile:
Mailing Address:

The extent of information that may be disclosed, includes the following records and documentation (initial all that apply):

- Evaluation/Assessments, Psychosocial Evaluation, Military, Counseling records, Treatment records, Mental Health records, Education, Child support, Employment, Social histories, Legal/Criminal/juvenile records, Social Security Administration, Problem Solving Court records, Other, Medical records, Drug and alcohol treatment information, including: from to and/or regarding, Whether I am enrolled, Diagnosis/prognosis, Cooperation level, Presence in a facility, Treatment/discharge plan, Attendance

The information release is for the purpose(s) of (initial all that apply):

- Insurance, Legal, Personal, Treatment/Continued Care, Other

I understand that the above records are protected under federal regulations including the Health Insurance Portability and Accountability of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and/or Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in these regulations.

SPECIAL TERMS REGARDING REVOCABILITY OF CRIMINAL JUSTICE PROGRAM RELEASES:

Although HIPAA requires that consents be revocable and does not have an exception when a patient is mandated into treatment through the criminal justice system (CJS), 42 C.F.R. Part 2 sets forth some special rules when a patient's participation in a treatment program is an official condition of probation or parole, sentence, dismissal of charges, release from imprisonment, or other disposition of any criminal proceeding.

3. Expiration and Release of Liability

This release will remain valid for no more than six (6) months and may be revoked by me at any time in writing. I release and forever hold harmless the State of Idaho, IDOC, and their agents and employees from and against all claims, damages, or liability resulting from any action pursuant to this request.

Signature of Person Requesting Release of Records

Date

Name of Witness (or Parent/Guardian where required)

Signature of Witness/Parent/Guardian

Date