

## **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 offen	lease of records.  IDOC # (if applicable)			
	Offender Name: Social S	, iii.			
	Mailing Address:		_		
	Mailing Address:	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: Phon				
	3.6.31				
	Mailing Address:  The extent of information that may be disclosed, includes the following records and documentation (initial all that apply):  Evaluation/Assessments Psychosexual Evaluation Military Counseling records Fducation Child support Employment Social histories Problem Solving Court records Other Medical records: Drug and alcohol treatment information, including:  from to Whether I am enrolled Diagnosis/prognosis and/or regarding Treatment/discharge plan Attendance				
	Evaluation/Assessments	Psycho	osexual Evaluation	n Military	ÿ
	Counseling records	Treatm	ent records	Mental	Health records
	Education	Child s	support	Employ	ment
	Social histories	Legal/0	Criminal/juvenile	recordsSocial	Security Administration
	Problem Solving Court records	Other_	nd alaah al traatus	ant information in aludina.	
	from to	Drug a	nd alconor treatm	har I am annullad	Diagnosis/prognosis
	and/or regarding		Coope	eration level	_ Diagnosis/prognosis Presence in a facility
	and/orregarding		Treatr	ment/discharge plan	Attendance
					_
	The information release is for the purpos	e(s) of (initial all t	hat apply):		
3.	InsuranceLegalOther	Personal	Treatm	ent/Continued Care	
	Other				
	otherwise provided for in these regulations. Recipients of this information may re-disclose the information only in connection with their official duties. I understand that this authorization is subject to revocation by me if provided in writing, except to the extent that disclosure has already occurred in reliance upon this authorization and subject to the conditions explained below. I understand this information may be re-released in accordance with Idaho Criminal Rule 32 for other legal purposes and may no longer be protected by privacy regulations.  SPECIAL TERMS REGARDING REVO CABILITY OF CRIMINAL JUSTICE PRO GRAM 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. While a consent form (or court order) is still required before any disclosure can be made about a CJS referral, the rules concerning duration and revocability of the consent are different. Under special rules of 42 C.F.R. Part 2 consent can be made irrevocable until a certain specified date or condition occurs, and the duration of the consent can be linked to the final disposition of the criminal proceeding. 42 C.F.R. §2.35. This allows programs to provide information even after the client leaves treatment. If the client does not comply with treatment, the program can report the problem to the judge or prosecuting attorney to testify in a probation revocation hearing because there has been no final disposition of the criminal matter. A CJS consent allows programs to use the expiration condition provided in 42 C.F.R. Part 2 "when there is a substantial change in the patient's criminal justice status." A substantial change in the CJS status when the parole or probation en				
	Signature of Person Requesting Release	of Records	Date		
	Name of Witness (or Parent/Guardian wh	ere required)	Signature of W	itness/Parent/Guardian	Date