

RELEASE OF INFORMATION

I, _____, (D.O.B.), _____ presently residing at _____ give my consent to _____ to disclose information from my records to: _____ from the Butler County Adult Probation and Parole for the sole purpose of Court supervision.

I understand that the information will be disclosed only for the purpose(s) noted above, and that the information will be limited to the following items:

- a) Dates of counseling, and level of participation in counseling: any physical or behavioral observations pertinent to such counseling.
- b) Test results, evaluation and assessment of problems.
- c) Dates and nature of further assessment, and progress reports.

This authorization is intended as a voluntary waiver of the privileged communication rule of law and is in compliance with Federal regulations (42 CRF, Section 2.39) and Pennsylvania statutes. I have had this form read and explained to me and I understand its contents.

I understand that if either my release from confinement, or my probation or parole is conditioned upon participation in a treatment program, I agree to unrestricted communication between the program and the Adult Probation Office, and I understand that I cannot revoke this consent until there has been a formal and effective termination or revocation of such release from confinement, probation or parole, pursuant with Federal regulations (CRF, Section 2.39, Paragraph c).

Witness

Client

Date