CHARDON MUNICIPAL COURT
ATTN: PROBATION DEPARTMENT
111 WATER STREET ~ CHARDON, OH 44124
PHONE: 440-286-2649 OR 440-286-8058
FAX: 440-286-2679

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:

TO **CHARDON MUNICIPAL COURT** ☐
PROBATION DEPARTMENT

FROM **CHARDON MUNICIPAL COURT** ☐
PROBATION DEPARTMENT

_____ (NAME OF DOCTOR, HOSPITAL, FACILITY, AGENCY, OTHER)

_____ (STREET ADDRESS)

_____ (CITY) _____ (STATE) _____ (ZIP CODE)

_____ (DOCTOR, FACILITY REPRESENTATIVE OR PROVIDER NAME)

(___) _____ (PHONE NUMBER) (___) _____ (FAX NUMBER)

_____ (E-MAIL ADDRESS IF APPLICABLE)

THIS AUTHORIZATION IS IN EFFECT UNTIL MY TERMINATION FROM PROBATION BY THE CHARDON MUNICIPAL COURT, OR EARLIER REVOCATION BY ME.

THE PURPOSE OF DISCLOSURE IS FOR: _____

CHECK OFF THE INDIVIDUAL AREAS FOR RELEASE BELOW:

	ADMISSION NOTIFICATION		PHONE CONTACT
	LAB REPORTS (DRUG & ALCOHOL SCREENS)		DISCHARGE SUMMARY
	72-HOUR EVALUATION & ASSESSMENT		PROGRESS IN AFTERCARE
	HISTORY & TREATMENT PLAN		TELEPHONE CALLS
	PROGRESS REPORTS		ALCOHOL/DRUG EVALUATION/ASSESSMENT
	PSYCHOLOGICAL/PSYCHIATRIC EVALUATION		CURRENT MEDICATION LIST
	FULL COMPREHENSIVE ASSESSMENT		OTHER (SPECIFY)

I realize that my records may be protected under federal and state confidentiality regulations and cannot be released or disclosed without my written permission. Any health care (or payment for care) will NOT be affected by whether I sign this authorization. Once my confidential information is released, I understand that further disclosure of my health care information by the Probation Officer or the Chardon Municipal Court will no longer be protected by law. I understand and acknowledge that this may include treatment for physical and mental illness, alcohol/drug abuse, and/or HIV/AIDS test results or diagnoses. I also understand that I may revoke this authorization at any time except to the extent that action has occurred prior to revocation and that revocation of this release by me may violate a condition of my probation by the Chardon Municipal Probation program as journalized by the Court.

DATE: _____ DEFENDANT'S SIGNATURE: _____

BIRTH DATE _____ DEFENDANT'S PRINTED NAME: _____

_____ (STREET ADDRESS) _____ (CITY) _____ (STATE) _____ (ZIP) (___) _____ (PHONE NUMBER)

WITNESS: _____ RELATIONSHIP: _____