


## COURT RELEASE – ROI -#1

Name of Client:	Date of Birth:
Program Date:	Client Contact Phone
Entity Authorized to Make Disclosure: <u>ARC -ip, INC -</u> <u>Addictions Resource Center, INC</u>	<u>Name of Court</u> (Entity Receiving Confidential Information:) (Authorized Individual/Organization to Whom Disclosure is Made)  Name of Judge:
Phone: 937-767-0178 Fax: 937-688-1550 Email: info@arcdip.com	<u>Name of Probation Officer?</u>

**Purpose of Disclosure:** ARC DIP Completion Report(s)

**Type of Information to be Disclosed:** Information regarding the completion of a Substance Use Screening report, educational segments completed, and group activities completed. The DIP screening completion report includes: offense, type and degree of impairment if available, legal history, alcohol and substance use pattern past and present, substance use treatment history, and significant medications that offender is prescribed. The report will also include recommendations and prognosis regarding recidivism.

Sign HERE  if you want your report and info to go to your court



\_\_\_\_\_  
Signature of Client or Person Authorized to Permit Disclosure

\_\_\_\_\_  
Date

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**DO NOT SIGN HERE UNLESS YOU DO NOT WANT YOUR REPORT TO GO TO COURT.**

**Revocation:** This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent

\_\_\_\_\_  
Client Signature and Date

\_\_\_\_\_  
Signature and Date of Staff or Witness

This authorization expires (specify event, date and/or condition) 90 days from Program Date

**Prohibition Against Re-Disclosure:** This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.) OAC5119.36/ 3793:4-1-02 (FF)(3)]