

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SOBRIETY TREATMENT AND EDUCATION PROGRAM**

I, _____, the undersigned,
(Name of Client)

hereby authorize _____ to release confidential
(Name of Program)

information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United

States Probation Office of the _____ District of _____ .
(Name of Court) EASTERN WASHINGTON (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my voluntary participation in the Sobriety Treatment and Education Program [STEP].

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the STEP Team when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until my termination from the STEP program, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact: STEP program, U.S. Probation Office.

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I complete the STEP program will be reported to the STEP Team. My revocation of authorization under such circumstances could be considered a violation of my STEP Participant Agreement and Waiver.

(Signature of STEP Participant)

(Signature of Witness)

(Date Signed)

(Date Signed)