

UTAH COUNTY SHERIFF'S OFFICE
Utah County Alternative Probation



Consent for Release of Information

I, _____ hereby consent to the exchange of written and verbal information between Utah County Alternative Probation and the following agencies:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Law Enforcement | <input checked="" type="checkbox"/> Court System | <input checked="" type="checkbox"/> Wasatch Behavioral Health |
| <input checked="" type="checkbox"/> Utah County Jail / Corrections | <input checked="" type="checkbox"/> Prosecution Attorneys | <input checked="" type="checkbox"/> DCFS |
| <input checked="" type="checkbox"/> Adult Probation & Parole | <input checked="" type="checkbox"/> Legal Defenders Association | |
| <input type="checkbox"/> Other: (be specific) _____ | | |

Emergency Contact:
Name: _____ Phone: _____ Relationship: _____

THIS AUTHORIZATION APPLIES TO THE FOLLOWING TYPES OF INFORMATION, AS INDICATED BELOW:

- Mental Health / Substance Abuse
- Legal Issues / Records
- Jail / Custody Data
- Diagnosis and Treatment
- Attendance and Progress Treatment
- Drug Testing Results
- Alcohol and Drug Treatment including prescribed medication (I understand this information is protected under Code of Federal Regulation, Title 42, Volume 1, Part 2 and 45 CFR Part 160 & 164, HIPAA)
- Other purposes: two-way communication

This disclosure is to communicate with agencies named above, of my attendance, progress and compliance with the requirements of my court ordered probation. Please note the following:

- This information is classified as "private" and all persons and organizations are required to treat it as confidential information in accordance with the Government Records Access Management Act (GRAMA).
- In accordance with GRAMA, this information may be shared with other government organizations without a release of information.
- I understand that my records may be protected under Federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR Volume 1, Part 2, and cannot be disclosed without my written consent, unless otherwise provided for in the regulations.
- I understand that my consent is not necessary to share this information, in connection with my case, within the Utah County Alternative Probation Division.
- I understand that I may revoke this consent, through written request at any time, except to the extent that action has already been taken.
- I understand this consent expires automatically at the dismissal of all charges, complete adjudication of my case, or completion of the UCAP program.

Applicant Signature

Date

UCAP Staff Signature

Date