

**ANCHORAGE JUVENILE ASAP AT VOLUNTEERS OF AMERICA ALASKA  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ authorize the Alaska Alcohol Safety Action  
(Please Print)

**Program, including Juvenile ASAP (at Volunteers of America), to exchange information with:**

**Please INITIAL each agency or individual you are authorizing the ASAP to communicate with:**

- \_\_\_\_\_ Alaska Court System
- \_\_\_\_\_ Prosecuting Attorney
- \_\_\_\_\_ Department of Motor Vehicles
- \_\_\_\_\_ Agency (Print Name and/or Phone Number) \_\_\_\_\_
- \_\_\_\_\_ Juvenile Justice Department
- \_\_\_\_\_ Department of Corrections

**Only initial if Needed:**

- \_\_\_\_\_ Personal Attorney (Print Name and Phone Number) \_\_\_\_\_
- \_\_\_\_\_ Other (Parent/Probation Officer) \_\_\_\_\_

**The following information will be disclosed:**

- \* My name and other personal identifying information
- \* My status as a patient in alcohol and/or drug treatment
- \* Attendance and compliance with treatment
- \* Recommendations for further treatment services
- \* Reports from collateral individuals or agencies
- \* Discharge plan/summaries to include discharge dates and status
- \* Name of agency where I received treatment
- \* Assessment/evaluation results
- \* Fee status for JASAP/YRP and referral agency
- \* Drinker classification criteria
- \* Traffic and criminal record

The purpose of this exchange, authorized by this consent, is to provide information to facilitate substance abuse education/treatment mandated by the court and/or prosecuting attorney.

**I understand that such information, where necessary, will be disclosed in open-court, which is a public forum, and I hereby authorize the same. \_\_\_\_\_ (please initial)**

I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2 and Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when there has been a formal and effective termination of my release from confinement, probation, or parole, or other proceeding under which I am mandated to the Alaska JASAP system.

**I understand that Volunteers Of America may not condition my services on whether I sign this consent form. However, failure to sign could result in further action by the court.**

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent, guardian or authorized representative when required)

\_\_\_\_\_  
(Description of Authorized Representative Authority)