

OWEN COUNTY COURT SERVICES

Probation and Community Corrections

812-829-5025

64 E. Market Street
Spencer, Indiana 47460

FAX 812-829-5051

DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to communication between the Owen Co. Probation Department, Owen Circuit Court, Owen County Prosecutor's Office, Owen County Community Corrections, Owen County Health Department, Department of Corrections, my attorney, other Probation Departments and Community Corrections Departments, DCS, CASA, JTAC, INSPECT, Sentinel, Cordant Health Solutions, Redwood Toxicology, Hamilton Center, Centerstone, Beck Scott, Indianapolis Counseling Center, and law enforcement officers. As well as the following specific people or departments:

1 _____

5 _____

2 _____

6 _____

3 _____

7 _____

4 _____

8 _____

____ The purpose of, and need for, this disclosure is to inform the court and all other named parties of my attendance, prognosis, compliance and progress in accordance with the monitoring criteria of said program to fulfill all court orders.

____ Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and reports concerning cause number _____.

____ I understand that this consent will remain in effect until there has been a termination of my probation or my written request to revoke the consent of this agreement.

____ I understand and agree that I am subject to assessment under the Indiana Risk Assessment System. I hereby authorize staff to enter the results of the assessments conducted into the Indiana Risk Assessment System database.

____ I understand that any disclosure made is bound by Part 2 of Title 42 of Code of Federal Regulations, which governs the confidentiality of substance abuse participants records and that recipients of this information may redisclose it only in connection with their official duties.

Date

Name

Witness

Signature

Parent or Guardian

Social Security Number

Date of Birth