

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
DRUG ABUSE AND MENTAL HEALTH PROGRAMS
UNRESTRICTED COMMUNICATION**

I, _____, the undersigned, hereby authorize _____ to release confidential information in its records, possession, or knowledge, or whatever nature may now exist or come to exist, on an *unrestricted communications* basis to the United States Probation Office of the Eastern District of Virginia.

The confidential information to be released will include: date of entrance to program; diagnosis; 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; prognosis; and any other material pertinent to my condition and treatment.

The information which I now authorize for release is to be used in connection with my presentence investigation.

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 District Court when necessary for the purpose of preparing my presentence report.

I further understand that while I remain under investigation by the probation office I cannot revoke this consent.

This consent will terminate upon final disposition of my case before the U.S. District Court.

(Signature of Parent or Guardian if Client is a Minor)

(Date Signed)

(Name & Title of Witness)

(Signature of Client)

(Date Signed)

(Date Signed)