

Advanced Monitoring Professionals, LLC

711 Medford Center #216
Medford, Oregon 97504
Phone & Fax: 800-760-1518
www.247AMP.com

AUTHORIZATION FOR RELEASE OF INFORMATION

NAME: _____ D.O.B _____

I AUTHORIZE THE FOLLOWING INDIVIDUAL OR AGENCY:

[Empty rectangular box for individual or agency name]

TO PROVIDE INFORMATION TO AND FROM: Advanced Monitoring Professionals, LLC
711 Medford Center #216, Medford, Oregon 97504 Phone and Fax: 800-760-1518

With this document, I authorize the exchange of the following indicated and initiated information:

_____ Drug/Alcohol treatment (past and present)

_____ Mental health information

_____ Medical services and prescription information

_____ Legal involvement (past or present)

_____ Family (past and present)

_____ I agree that the agency or individual listed above may share and exchange information about my progress in treatment as it relates to compliance with probation or diversion conditions.

This permission is good until date specified: _____, or thirty days after your case has been closed.

PURPOSE: The information received will be used to: 1) evaluate you and the court ordered conditions; 2) refer you to appropriate services to satisfy legal requirements; 3) monitor your compliance to the bench probation and/or diversion agreement. 4) report your status of compliance to the court.

I understand that my service record is protected under Federal (42 CCFR Part 2) and Oregon State law (ORS 430.399(5)). I understand I can cancel this release at any time, but I also understand that the cancellation will not pertain to any information that has already been released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Signature _____ Date _____