



DUII Office
Jackson County Community Justice
1101 West Main Street, Suite 101
Medford OR 97501
(541) 774-4968 Fax (541) 772-6103

JACKSON COUNTY CIRCUIT COURT and DISTRICT ATTORNEY
AUTHORIZATION FOR RELEASE OF INFORMATION

Name: _____ Date of Birth: _____
Last First MI Maiden Name

I authorize Jackson County Community Justice to contact:

- 1. Jackson County Circuit Court - Criminal and Traffic Violation Division
- 2. Jackson County District Attorney – DUII non-compliance unit

Defense Attorney Address

Phone Fax

FOR:

- 1. Release of information TO Jackson County Community Justice FROM person or agencies named above.
- 2. Release of information FROM Jackson County Community Justice TO person or agencies named above.

PURPOSE OR NEED FOR DATA: DUII/DUID Compliance and Non-Compliance

SPECIFIC DATA REQUESTED – *Specific alcohol and drug treatment data*

____ Intake _____ Discharge Summary
____ Screening and Referral _____ Other: _____
____ Provider status notifications

Alcohol treatment records, health records to include all illnesses and diseases including HIV or AIDS, mental health records and other records may be released for the purpose described above.

It is my understanding that all information received by Jackson County Community Justice as a result of this authorization will be treated as confidential. The department may, however, disclose this information for the purposes of the administration of its programs including disclosure in Circuit Court proceedings. This authorization may be revoked by me at any time unless action has been taken in reliance thereon, and in any event, 30 days from this date, or upon the following conditions, events or date:

Upon expiration of Community Supervision.

I have read the above and understand its contents and I am satisfied with any explanations I may have requested and received.

Individual Signature Date

Witness Date

NOTE: We regret that any attendant fees cannot be reimbursed by Jackson County Community Justice.

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.