

Impaired Driver Rehabilitation Program Release of Confidential Information

I,			, (with date of birth)			authorize:
The Ve The Ve Applica Court	ermont Departermont Departermont Departermont Departermont Diversion and,	District or Superior /or Teen Alcohol Sa	nicles (DMV), as, including Probation Court(s), fety Program (if appli	cable)		ble), enrollment, current status, and
completion of	the IDRP Sch atisfy the purp	ool/therapy progra	ım. The amount of ir	nformatio	n disclosed	will be the minimum amount nt information for the purpose
· ·	•		nstatement of my driv probation/parole, and		eges, and/c	or
Please check any a	dditional age	ncies/person(s) to	whom information m	nay be dis	closed and	received:
Spouse and/or o	ther family mer	mber (must list name	s)			
Attorney (must l	ist name)					
Department(s) o	f Motor Vehicle	es in State(s) other th	an Vermont			_
State:						
Address:						
Fax:						
Counselor/Treat	ment facility					
Other person(s)						
I authorize the secure or confid		unicate with me via	email and understan	d that the	se commur	nications cannot be guaranteed as
Email addr	ess:					
Confidentiality of Su 1996 ("HIPAA"), 45 C IDRP will protect my recipient. I may revo consent expires auto	bstance Use Dis C.F.R. Pts. 160 & information bu ke this consent omatically upon	sorder Patient Record a 164 and cannot be out there is the potential at any time by conta my release from pro	is, 42 C.F.R. Part 2, and sisclosed without my wr al for information disclocting IDRP except to the bation/parole and/or up	the Health ritten cons osed pursu e extent it pon reinsta	Insurance Pent unless of ant to this cowas already atement of n	federal regulations governing ortability and Accountability Act of therwise allowed by the regulations. onsent to be redisclosed by the relied on. If not sooner revoked this my driving privileges. I am not required tion information with DMV or any
Signature of Participa	ant:				Date:	