

INTOXICATED DRIVER RESOURCE CENTER

RECORDS RELEASE AUTHORIZATION

I hereby consent to the release from my records of the information specified below. 10:162-4.6 H.

Name of Client:	Driver License Number:
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The purpose for this release is to communicate with and disclose to one another the following information: to report compliance with the Intoxicated Driving Program, or for any purpose authorized under N.J.S.A. 39:4-50 and other Motor Vehicle Commission and Division of Mental Health and Addiction Services statutes and regulations.

The agencies authorized to make the release are:

The New Jersey Motor Vehicle Commission;

The New Jersey Division of Mental Health and Addiction Services, including its data collection systems;

The sentencing court;

Any New Jersey County Intoxicated Driver Resource Center;

Attorney, if applicable;

_____ (indicate treatment agency/provider):

Other: _____

The kind and amount of information to be released are only those records necessary for compliance/non-compliance reports regarding completion with IDRC requirements to complete sentencing or program requirements.

I understand that this consent will remain in effect and cannot be revoked by me until here has been a formal and effective termination or revocation of my release from my proceeding with IDRC.

To the recipient of this information:

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.

Name of Client or Person Authorized by Law to Give Consent	Signature	Date
Witness:	Signature	Date