

Travis County Counseling & Education Services

P.O. Box 1748, Austin, TX 78767 (512) 854-9540; Fax 854-9146

Caryl Clarke Colburn, Director

CE# _____ Date of Birth: _____

CLIENT'S CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____, hereby consent to verbal and/or written
(Name of Client)

Communication between Travis County Counseling & Education Services (TCCES) and other elements of the Criminal or Civil Justice System including my lawyer in Cause # _____ or name of attorney: _____, the Judge, the probation department (if probated), and/or any other referring Criminal or Civil Justice agency. **I also understand that if I want to release information to a lawyer other than the one designated above, I must execute an additional release.**

The purpose of and need for disclosure is to inform the Criminal or Civil Justice agency of my evaluation results and my attendance and progress in counseling/treatment (if applicable). The extent of the information to be disclosed including any one of the following: my diagnostic evaluation results, information about my attendance or lack of attendance at counseling/treatment sessions, my cooperation with the counseling program, and my successful or unsuccessful completion of the assigned counseling program.

I understand that this consent will remain in effect and cannot be revoked by me until:

* There has been a formal and effective termination or revocation of my probation, conditional release or other proceeding under which I was mandated into counseling with TCCES.

I also understand that any disclosure made is bound by Part 2 Title 42 Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipient of this information may redisclose it only in connection with their official duties.

Date Signature of Applicant

Signature of Parent, Guardian or other Authorized Representative, if required.