

Please read and complete all shaded areas

## CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I , authorize the South Carolina Interstate ADSAP to disclose to the South Carolina Department of Alcohol and Other Drug Abuse services, the South Carolina Department of Public Safety the following information: name, driver record information, date of ADSAP enrollment and termination dates and completion status. The purpose of the disclosure is to assist in the relicensing process.

The authorize information to be released in the following form:  written  verbal  
 electronic (including fax)

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2, the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event, this consent expires automatically as follows:

Upon Resolution of DUI

(specification of the date, even or condition upon which this consent expires)

Client Signature <b>X</b>	Date <b>X</b>
Parent or Guardian Signature	Date
Witness Signature <b>X</b>	Date <b>X</b>