

Ellen S. Golden
Judge, State Court

STATE OF GEORGIA

DUI Court Team
Cynthia Welch, Prosecutor
Richard Shelton, Defense
Attorney
Kyle White, Law Enforcement
Kayla Porter, Probation Officer
Laci Rankhorn, Treatment
Provider



Stacey Bass
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Lowndes County DUI Court
327 North Ashley Street
Valdosta, GA 31601
Phone: 229-671-2895 Fax: 229-671-3441

Consent For The Release of Confidential Information

I, _____, hereby consent to communication between the Lowndes County DUI Court and Treatment Providers, State, Private, or County Probation, Prosecutor, Defense Attorneys, Drug Test Lab, and other Agencies the following information: any and all information requested pertaining to this individual, to include but not limited to information obtained through court records, record checks, and information concerning substance use, drug testing, diagnosis and treatment.

I also consent to participation in open Court sessions which entails that there will be some discussion of my behavior in open Court and that citizens are allowed to be present during these sessions. I understand that this information will be public in nature, though the Judge will attempt to minimize the divulgence of personal information in this forum.

I further consent to any prison, detention center, county jail, or city jail in which I have been confined to release to the Lowndes County DUI Court all information in my records concerning tests for HIV (Aids), Tuberculosis, and Hepatitis.

I hereby absolve the facility that releases such information to the Lowndes County DUI Court from any and all liability for complying with this authorization.

The purpose of and need for the disclosure is to inform the criminal justice agency (ies) listed above of my attendance and progress and treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and drug test results.

This authorization and consent is subject to revocation at any time, except to the extent that the Lowndes County DUI Court has already taken action in reliance upon it

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of AOD abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

I have read and fully understand the above.

Signature of Participant

Date

Witness

Date

