# CONSENT FOR DISCLOSURE OF INFORMATION FOR COURT AGENCIES

I hereby authorize A Court Counseling Program to disclose records concerning,

_____ , to:

**Name of Client**

D  Probation Officer

_____
Client's     Initial     &     Date

D  Parole Officer

_____
Client's     Initial     &     Date

D  Courts of Law

_____
Client's     Initial     &     Date

D  Child Protective Services

_____
Client's  Initial  &  Date

I understand that such disclosure will be made for the purposes of information exchange, progress reports, coordination of services and referrals and facilitating victim safety.

Disclosure is limited to information regarding attendance, participation, information exchange, coordination of services and referrals & facilitating victim safety.

I understand that I may revoke this consent at any time and that my request for revocation must be in writing. If not earlier revoked, this consent for disclosure of information shall expire 1year after my completion of or termination from <u>A Court Counseling Program.</u>

ACCP is allowed to share confidential information about me in the way described above.

Release of information is voluntary, I understand I have a right to refuse <u>ACCP</u> request for this disclosure.

_____     _____
Signature of Client                                           Date

_____     _____
Signature of Agency Representative                  Date