



ABSOLUTE ADVOCACY^{LLC}

RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Client Name _____ DOB _____

By my signature below, I authorize **Absolute Advocacy, LLC**, to release and exchange information specified below (verbal, written, mail, facsimile), with the following parties:

- North Carolina Department of Human Resources (State DWI Offices)
- North Carolina Division of Motor Vehicles
- North Carolina Department of Correction (Probation/Parole)
- Court of Jurisdiction
- Licensed DWI Service Facilities in all states/jurisdictions
- Licensed Treatment Facilities in all states/jurisdictions
- Department of Motor Vehicles in all states/jurisdictions
- Department of Corrections in all states/jurisdictions
- And my Attorney Office of Records, as an Officer of the Court

Information to be released/exchanged shall include results of the substance abuse clinical assessment; prior conviction and/or treatment; completion/non-completion of program recommended by this assessment; issues related to compliance with program rules; progress while in treatment; recommendations for continuing care; documentation as required by Rules, 10ANCAC 27G.3809, driving record, alcohol concentration, DSM-IV TR diagnosis, assessment summary and the Form E 508.

I understand that this information will only be used in compliance with G.S. 20-17(m), 1987 Chapter 7907, Senate Bill 508, as amended. I understand that verification of my compliance with the assessment, treatment, or education called for is necessary for my driver's license to be reinstated, and to comply with a court judgment, if so ordered by the presiding judge. In addition, this information is reported for the purpose of tracking DWI intervention, and compliance.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAAA"), 45 C.F. R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I hereby acknowledge that this consent is made freely, voluntarily and without coercion, and will be considered valid until reinstatement of my driver's license.

Client Signature: _____ Date: _____ Expires: _____
(1 Year from today)

Staff Signature: _____ Date: _____