



**FEDERAL CONFIDENTIALITY LAW:
YOUTH'S CONSENT FOR DISCLOSURE OF INFORMATION
RELATING TO THE DIAGNOSIS, TREATMENT OR REFERRAL
FOR DRUG OR ALCOHOL ABUSE**

TEXAS
JUVENILE
JUSTICE
DEPARTMENT

I, _____, authorize the Texas Juvenile Justice Department or
(Patient Name)

Texas Interstate Compact for Juveniles to disclose to _____
(State)

Interstate Compact for Juveniles or other juvenile authorities the following information:

(Nature of Information Released)

relating to diagnosis, treatment or referral for drug or alcohol abuse. The purpose of the disclosure authorized herein is to:

(Specific Purpose)

I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, 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 on the 180th day after the signing or as otherwise specified below:

(Date, Event, or Condition)

Signature

Date

**FEDERAL CONFIDENTIALITY LAW:
NOTICE UPON DISCLOSURE OF FEDERALLY PROTECTED INFORMATION**

This notice accompanies a disclosure of information concerning a person in alcohol or drug abuse treatment, made to you with the consent of that person. This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.