



SANTA CRUZ COUNTY PROBATION DEPARTMENT

FERNANDO GIRALDO, CHIEF PROBATION OFFICER
MAILING: P.O. BOX 1812, SANTA CRUZ, CA 95061
PH: (831) 454-2150 FAX (831) 454-3327 / PH: (831) 763-8070 FAX: (831) 763-8233

"A Safe and Thriving Community with Justice for All"

Authorization for Use, Exchange, and/or Discharge of Confidential Information
Purpose of disclosure: To help assess and determine progress and compliance while under supervision.

General Release

Signature: _____

General Consent: This consent remains in effect until my evaluation for or participation in services. Recipients of this information may re-disclose and use this information only in connection with their official duties.

- Check all that apply: ALL Encompass Janus Positive Discipline
- Barrios Unidos First 5 Santa Cruz County Leaders in Community Alt. Sobriety Works
- County Office of Educ. Goodwill Mentors Streets to Schools
- Collaborative Court Hope Services Monarch Services Volunteer Center
- Conflict Resolution Center Health Services Agency New Life Community Svc. Other: _____

Mental Health (MH)/Medical

Signature: _____

For Mental Health/Medical Consent: A recipient of medical information pursuant to this authorization may not further disclose the medical information except in accordance with a new authorization that meets the requirements of California Health and Safety Code section 56.11, or as specifically required or permitted by law.

- Check all that apply: ALL Encompass Janus Positive Discipline
- Barrios Unidos First 5 Santa Cruz County Leaders in Community Alt. Sobriety Works
- County Office of Educ. Goodwill Mentors Streets to Schools
- Collaborative Court Hope Services Monarch Services Volunteer Center
- Conflict Resolution Center Health Services Agency New Life Community Svc. Other: _____

Substance Use Disorder (SUD)

Signature: _____

For Substance Use Disorder Consent: Substance use disorder records are protected under the federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

- Check all that apply: ALL Encompass Janus Positive Discipline
- Barrios Unidos First 5 Santa Cruz County Leaders in Community Alt. Sobriety Works
- County Office of Educ. Goodwill Mentors Streets to Schools
- Collaborative Court Hope Services Monarch Services Volunteer Center
- Conflict Resolution Center Health Services Agency New Life Community Svc. Other: _____

I, _____, _____
(Print name of client or client's representative) (Print date of birth)

hereby authorize the Santa Cruz County Probation Department to disclose and receive confidential information contained in their file to the agencies indicated above.

I understand that any of this information may be used by the Probation Officer in any report to the Court and, therefore, be available to the District Attorney and my attorney.

I may revoke my consent verbally or in writing at any time (except to the extent that action has already been taken), and if not earlier revoked, it shall terminate one year from today on (date): _____.

Signature: _____ Date: _____ Witnessed by: _____
Signature of client or client's representative Signature

Legal relationship of above signer: _____ Date: _____