SANDUSKY COUNTY COUNTY COURT ADULT PROBATION DEPT

	Client Name: DOB:
	AUTHORIZATION FOR RELEASE OF INFORMATION
Sandusky County County Court, is hereby granted permission to disclose, receive, and/or exchange the following information for the purpose of:	
o To	report client progress determine eligibility for services her: SEE BELOW
Specific ty	pe of information to be disclosed, received and/or exchanged is limited to:
BrUrPhLaPsAtRe	agnostic Interview eathalyzer Results inalysis Results ysical Examination boratory Results ychological Evaluation tendance Reports ports of Treatment Progress scharge Reports
Client Sign	ature Date
	G ABOVE THE CLIENT IS CONSENTING THAT THIS FORM IS VALID AND WILL EXPIRE ONE M THE DATE OF SIGING.
and are tre	s relating to Alcohol or Drug Abuse Patient records are considered privileges and confidential eated as such by the Program. Information regarding such matters cannot be given without at of the release, Section 2.31 42CFR, Part 2.
Please sen	d requested documentation/information to address or e-mail below:
	Sandusky County Court
	Clyde Court Location, 847 E. McPherson Hwy, Clyde, Ohio 43410
	e-mail: ckuhn@sanduskycountyoh.gov
	_ Sandusky County Court
	Woodville Court Location, 215 W. Main Street, Woodville, Ohio 43469
	e-mail: kwarner@sanduskycountyoh.gov