

CRIMINAL JUSTICE CONSENT TO RELEASE INFORMATION

Chester County Adult Probation, Parole, and Pretrial
Services Department
Swift Alternative Violation Enforcement Supervision
201 West Market Street
Suite 2100, P.O. Box 2746
West Chester, PA 19380

I, _____, hereby consent to communication between the
Chester County Pennsylvania Adult Probation and Parole Department Swift Alternative
Violation Enforcement Supervision and:

- SAVE Supervision Judge or designee
- District Attorney
- Public Defender/Defense Counsel (list name below)

[Name all other persons and agencies to which disclosure is to be made].

The purpose of this disclosure is to inform the court and all other named parties of my
eligibility and/or acceptance for treatment services, attendance, compliance, and progress in
accordance with the Swift Alternative Violation Enforcement Supervision monitoring criteria.

I understand that any disclosure made is protected by 42 CFR Part 2, governing confidentiality
of alcohol and drug use patient records and 45 CFR Part 160 and Part 164 (Health Insurance
Portability and Accountability Act, or HIPAA) governing protected health information.

I understand this consent will remain in effect for the entire time that I am participating in the
Swift Alternative Violation Enforcement Supervision and cannot be revoked until I am
discharged from the Swift Alternative Violation Enforcement Supervision.

I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to
the expiration of this consent; such action is grounds for immediate termination from the Swift
Alternative Violation Enforcement Supervision.

Signature

Date

Witness

Date