

**GOVERNMENT OF THE DISTRICT OF COLUMBIA  
DEPARTMENT OF CORRECTIONS**

**Consent to Disclose Records**

*This Consent covers any and all records relating to me (Individual) that are created, received and maintained by the D.C. Department of Corrections (DOC).*

**1. PURPOSE OF DISCLOSURE**

This consent to disclose is granted by:

\_\_\_ the Individual

\_\_\_ the Individual's Legal Representative

**2. INDIVIDUAL'S INFORMATION**

Name:	DOB:
Home Address:	Phone #:

**3. TO WHOM DISCLOSURE IS GRANTED**

Name:	Phone #:
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**4. RECORDS OR INFORMATION FOR WHICH DISCLOSURE IS GRANTED**

\_\_\_ My Entire Records

\_\_\_ Only the following records or information:

**5. RECORDS OR INFORMATION THAT MUST ONLY BE DISCLOSED WITH SPECIFIC CONSENT**

The following category of records or information must not be disclosed unless my signed initials appear next to the category indicating that I specifically consent to the disclosure of such records or information pursuant to this Consent.

\_\_\_ 42 CFR Part 2 Records (Alcohol and Drug Abuse Patient Records) \_\_\_  
HIV/AIDS-related Records \_\_\_ Psychotherapy Notes \_\_\_ Genetic information \_\_\_  
Emancipated Minor's Records \_\_\_ Psychiatric admits from ED \_\_\_ Venereal  
Diseases (STDs)

## 6. EXPIRATION OF CONSENT TO DISCLOSE RECORDS

If not affirmatively revoked, this Consent to disclose records shall expire:

On the following date: \_\_\_\_\_, or

Upon the occurrence of the following event: \_\_\_\_\_, or

Upon the onset of the following condition: \_\_\_\_\_

I understand that the terms of this Consent are governed by 1) the D.C. Freedom of Information Act (FOIA), 2) Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, 3) the Health Insurance Portability and Accountability Act of 1996 and its implementing regulations as may be amended from time to time (HIPAA), 4) the District of Columbia Mental Health Act of 1978, 25 DCR 8675 (1979) and 5) Family Educational Rights and Privacy Act of 1974, 20 U.S.C. §1232g. I understand that I have the right to revoke this Consent at any time prior to the Disclosing Party taking action in reliance on it, and provided that the revocation is in writing. I further understand that any revocation must include my name, address, telephone number, date of this Consent and my signature.

I hereby acknowledge that a copy of this Consent has been provided to me.

\_\_\_\_\_  
Signature of Individual

OR

\_\_\_\_\_  
Signature of Legally Authorized Representative  
For minor, incompetent or deceased  
Individual

\_\_\_\_\_  
Date