

COUNTY OF MONMOUTH
DEPARTMENT OF HUMAN SERVICES
DIVISION OF MENTAL HEALTH AND ADDICTION SERVICES
INTOXICATED DRIVER RESOURCE CENTER

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RECORDS RELEASE AUTHORIZATION

I hereby consent to the release from my records of the information specified below. N.J.A.C. 10:162-4.6.

Name of Client

Driver License Number

The purpose of this release is to permit the communication of information by and between to those named in this authorization to report compliance or non-compliance with the Intoxicated Driving Program, or for any purpose authorized under N.J.S.A. 39:4-50 and other Motor Vehicle Commission and Division of Addiction Services statutes and regulations. The kind and amount of information to be released are only those records necessary for compliance or non-compliance reports regarding compliance with IDRC requirements, to complete sentencing and/or program requirements.

I hereby authorize the Monmouth County Intoxicated Driver Resource Center to release the following document(s):

_____ NJSAMS IDRC Report _____ Simple Screening Instrument for AOD Abuse
_____ Other (specify): _____ _____ Other (specify): _____

to the Court, the IDRC, the Intoxicated Driving Program, the Division of Addiction Services, the Division of Motor Vehicles, the client's attorney, the treatment program. In addition, these documents may be released to:

Name of Individual/Entity: _____

Individual/Entity Contact Information: _____

This consent will remain in effect unless and until revoked by me in writing.

To the recipient of this information:

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 this information to criminally investigate or prosecute any alcohol or drug abuse client.

Name of Client/Person Authorized by Law to Give Consent Signature Date

Witness Signature Date