

Driver Education and Evaluation Programs (DEEP)
Maine Office of Substance Abuse Services
11 State House Station
41 Anthony Avenue
Augusta, ME 04333

DEEP PHONE: (207) 626-8600

DEEP FAX: (207) 287-3903

Consent for Release of Confidential Information

✓ Social Security Number: _____ / _____ / _____ ✓ Date of Birth: _____ / _____ / _____

✓ I, _____
(Print or type first name, middle initial, and last name)

agree to allow the Director, Office of Substance Abuse, (or an official named by the Director) to have verbal and written communication and send forms or papers ***initialed below*** to the agency or person named, so that I may get an evaluation and/or treatment services for the purpose of completing the requirements of the Driver Education and Evaluation Programs (DEEP).

✓ Counselor/Agency: _____

✓ Mailing Address: _____

✓ City: _____ ✓ State: _____ ✓ Zip: _____

✓ Phone: (_____) _____ - _____ ✓ Fax: (_____) _____ - _____

↓↓↓ YOUR INITIALS REQUIRED IN THESE SPACES ↓↓↓

✓ _____ DEEP treatment/evaluation status ✓ _____ Preliminary assessment results ✓ _____ Prior treatment history

✓ _____ DEEP requirements ✓ _____ Completion verification/letter

I agree to allow the Director, Office of Substance Abuse, (or an official named by the Director) to notify the Maine Secretary of State, Division of Driver Licensing Services of my DEEP Evaluation/Treatment Status for the purpose of determining my driver's license status.

If I do not agree with the results of my evaluation or my treatment and ask for a hearing, **I agree** to permit the Director, Office of Substance Abuse, (or an official named by the Director) to send a copy of the contents of my case record to the DEEP Board of Appeals for review.

I understand that no one is allowed to tell any other person or agency that I am receiving any services because of alcohol or other drug use, and that no one may give copies of any papers in my DEEP file to any third party, unless I give my approval by signing a release form. The only times when DEEP does not need to have my written permission to release my records are in cases of medical emergency, certain research, audit or evaluation activities, or under court order, as stated in federal regulation (42 CFR, Part 2).

I understand that I do not have to sign this consent form.

I understand that I may cancel this consent at any time, except that I cannot stop or change any information disclosed by DEEP before I canceled my approval. **I understand that**, unless I cancel sooner, this consent will expire automatically six (6) months after the date the Director, Office of Substance Abuse, (or an official named by the Director) signs a statement that I have completed all the steps required by DEEP.

✓ Client's signature: _____ ✓ Date: _____

This information may also be released to the person named below, who may act on my behalf:

✓ Name of other person: _____ ✓ Relationship: _____