

**SEE OTHER SIDE FOR STEP-BY-STEP INSTRUCTIONS**

**DRIVER EDUCATION AND EVALUATION PROGRAMS (DEEP)  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

**STEP 1:** I, \_\_\_\_\_, Date of Birth \_\_\_\_/\_\_\_\_/\_\_\_\_  
(print your first name, middle initial, last name)

**STEP 2:**

A) Authorize the Driver Education and Evaluation Programs (DEEP), Maine Office of Substance Abuse Services (OSA);  
and

B) Agency/provider: \_\_\_\_\_  
Location of office (town): \_\_\_\_\_ Phone number: \_\_\_\_\_;  
and

C) The Maine Secretary of State, Bureau of Motor Vehicles;

to exchange written and verbal communication and to disclose to one another the information **\*\*initialed below\*\***:

**STEP 3:** **\*\*\*INITIALS REQUIRED\*\*\***

\_\_\_\_\_ DEEP treatment/evaluation status \_\_\_\_\_ DEEP requirements \_\_\_\_\_ Evaluation/assessment results  
\_\_\_\_\_ Prior treatment and/or evaluation history \_\_\_\_\_ Other (specify) \_\_\_\_\_

**The purposes of the disclosures authorized in this consent are:**

- 1) to coordinate education, evaluation/assessment, and/or treatment services;
- 2) to complete the requirements of DEEP;
- 3) to determine my driver's license status;
- 4) to report any mental or physical condition which could affect my ability to safely operate a motor vehicle;
- 5) in the case of appeal, to permit DEEP/OSA to provide a copy of my case record to the DEEP Board of Appeals;
- 6) other (specify): \_\_\_\_\_.

**I understand that I do not have to sign this consent form. I understand that** records from any alcohol and/or drug services I receive are protected by federal regulations (42 CFR Part 2 and/or 45 CFR Parts 160 & 164) and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

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

**I understand that** the programs above may not condition the provision of services on whether or not I sign a consent form, but in limited circumstances I may be denied services if I do not sign a consent form. **I understand that** if I do not give my consent for DEEP to communicate with the Secretary of State (SOS), it may impact the ability of the SOS to issue/reinstate my driver's license.

**STEP 4:** Client's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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

**STEP 5:** Name of other person: \_\_\_\_\_ Relationship: \_\_\_\_\_

**Explanation and Instructions for Completing  
"Consent for Release of Confidential Information" Form**

**IF YOU NEED ASSISTANCE FILLING OUT THIS FORM, PLEASE ASK YOUR COUNSELOR  
OR CALL DEEP AT (207) 626-8600.**

DEEP and your counselor/provider must have your written consent in order to exchange verbal and written information with one another and for the DEEP office to notify the Bureau of Motor Vehicles of your status.

Please make sure that you read this release of information form thoroughly. It is very important that you complete this form accurately.

To complete the form, follow the step-by-step instructions below:

- STEP 1:** Print your name and date of birth on the designated lines.
- STEP 2:** In this area, print the name, town, and phone number of the agency or counselor you have chosen.
- STEP 3:** ***Initial*** all areas that designate information you wish to give permission to disclose. Please *do not use an "X" or a "✓"*. **Your INITIALS are required** in order to make this a legal document. If your initials are not included, the form will be returned to you to be initialed, which will likely result in a delay.
- STEP 4:** **Sign and date the form.**
- STEP 5:** If you plan to have someone else call or contact DEEP for you (for example, a parent, spouse, attorney), print the name of the person on this line. DEEP will not be able to talk to that person about you unless he or she is named on this release form. If there is no one, just leave this line blank.

**AGENCY/PROVIDER:**

Keep the original of this signed and completed release on file.

Fax or mail a copy to: DEEP  
11 State House Station  
41 Anthony Avenue  
Augusta, ME 04333  
  
FAX: 207-287-3903