

**GREEN LAKE COUNTY CORRECTIONAL FACILITY**  
**ELECTRONIC MONITORING PROGRAM**  
**BOOKLET/APPLICATION**

Green Lake County Sheriff's Office  
571 County Road A  
Green Lake, WI 54941

(920) 294-4059  
(920) 294-4191 Fax



**Sheriff – Mark Podoll**  
**Corrections Administrator – Lori Leahy**  
**Corrections Sergeants Samantha Koscher, Kevin Blank, Jennifer Walker**



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**Electronic Monitoring Program**  
**Green Lake County, Wisconsin**

**Introduction to Program**

The Green Lake County Correctional Facility Electronic Monitoring Program (EMP) is an opportunity available to inmates to serve their jail sentences outside the correctional facility. EMP is a privilege, not a right. To be eligible for EMP, the applicant must live in Green Lake County, have Huber privileges and be willing to provide medical documentation, if applicable, for the necessity of the request.

Applicants to EMP must complete and submit this booklet, make contact with one of the Corrections Sergeants to return the booklet, and have a brief phone interview. Once the application is received and the interview completed, the application will be reviewed, and a written response accepting or denying the application will be sent to the applicant.

To be placed on EMP, for a medical condition, the applicant must submit medical documentation (attached "Medical Documentation" form) describing the nature of the request and fill out and sign both medical release forms. Correctional facility medical staff will be consulted during consideration of the request.

**If employed, individuals on EMP must meet the same requirements for employment as is required of Huber Law inmates in the Green Lake County Correctional Facility.**

Inmates selected for the program may serve all or part of their sentence on the program. If approved for EMP, the applicant will be required to sign an agreement to follow all program rules. Inmates not able to abide by the rules of EMP **will lose the benefits of the program and will be returned to the correctional facility for the remainder of their sentence.**

This handbook contains the information you will need to know while serving a sentence on EMP. You are expected to read all the information in this booklet and will be held responsible if a rule is violated. It is important to remember that EMP is a privilege and may be revoked at any time for a violation of program rules. These rules are not all encompassing and situations may arise that are not specifically addressed in this handbook. If you are unsure if something is allowed, it is your responsibility to contact a Corrections Sergeant for clarification.

### **Electronic Monitoring Program Eligibility Requirements**

1. You must have a minimum of 10 days to serve and be granted Huber privileges from the court.
2. You must have an established residence in Green Lake County. An established residence means 6 months prior to starting your jail sentence.
3. If working, you must work in Green Lake County.
  - a. Established out of county employment will be reviewed by the Corrections Administrator for approval.
  - b. You will be asked to provide proof of employment via a letter from your employer.
4. You must have a working cellphone that is compatible with the monitoring equipment.

### **Automatic Disqualifiers from Consideration**

- Serving violent felony conviction
- Serving child support sentence
- Serving felony drug conviction
- Serving sex offense conviction
- Placement on SORP registry
- Felony domestic violence conviction (current or past)
- Multiple felony OWI convictions or OWI causing injury/death
- Felony transfer cases
- Escape convictions (past or present)
- Serving an ES Sanction sentence
- Serving a sentence after being revoked from Probation or Parole

Each application will be considered on its own merit and will ultimately be based on the sole discretion of the Green Lake County Sheriff. The Sheriff, or his designee, reserves the right to approve or deny EMP privileges as he/she sees fit.

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**PROGRAM RULES**

**Failure to comply with the following conditions may result in your removal from the program and your return to jail.** Rule violations may also result in a loss of Huber Law privileges and/or other criminal charges. See Discipline Process for Rule Violation(s).

1. I agree to reside at the approved residence, at all times, as authorized by the Sheriff or program director.
2. I acknowledge that I have a cell phone and the telephone number assigned to it is mine, personally. I understand that if I do not have a cell phone, that I must have a land-line telephone for this program. I also agree to keep my telephone in good working order and pay all telephone and electric expenses that may be caused by participation in the Electronic Monitoring Program. If my telephone or electricity is disconnected or fails to work, for any reason, I will return to the Green Lake County Correctional Facility immediately.
3. I understand that Green Lake County does not have any responsibility to provide food, clothing, dental or other medical care during my participation in this program.
4. I agree to submit my person, property, place of residence, vehicle and/or other belongings to search and seizure at any time, with or without search warrants, to any law enforcement officer or Green Lake County Correctional Facility staff.
5. I agree to allow the Green Lake County Correctional Facility staff or any law enforcement officer to enter my residence at any time to inspect the program equipment and ensure that I am complying with the rules of the program.
6. I understand that I am responsible for following all of the applicable rules as established for the Green Lake County Correctional Facility as well as specific rules for EMP. Deviation from my schedule and/or approved travel routes is a rule violation.
7. I will not enter areas that are defined to be off limits (i.e. restaurants, liquor stores, taverns or anywhere they sell alcohol by the drink).
8. I understand that I must receive permission from Corrections Sergeant before moving to a new address and prior to another person moving into my residence.
9. I agree to remain at my residence at all times, except for the hours that I work or attend a pre-approved appointment.

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**SCHEDULE**

1. I understand that I must remain at my approved residence at all times unless I have specific authorization to leave (employment, scheduled grocery shopping, appointments, etc.).
2. I agree to maintain my employment and participation in schooling or counseling programs as approved by the Corrections Sergeant and will notify them immediately of any changes.
3. I understand I am restricted to home detention and granted the privilege to leave for work/scheduled pre-approved appointments.
4. I understand that I must advise Corrections Sergeant immediately of any changes in work hours caused by sick-time, lay-off, overtime, vacation time, new employment, etc. Non-emergency schedule changes must be submitted, in writing, least 48 hours in advance for approval. Schedule changes not received at least 48 hours prior to the event **will not** be accepted. I will only be allowed to change my schedule once per week.  
Schedule changes may be completed by calling the **Corrections Sergeant (920) 294-4059, Ext. #2** between 8:00 a.m. and 4:00 p.m.
5. I will include my travel route to and from work on my schedules and I will not deviate from that route.
6. I agree to report to the Green Lake County Jail as directed by Green Lake County Jail staff.
7. I understand that my location will be traced and stored as an official record.

**EQUIPMENT**

1. I accept responsibility for the care of the program equipment issued to me. I understand that I will be held financially responsible for any damage to or loss of equipment and may be held civilly and/or criminally liable for replacement costs.
2. I will not tamper with the Electronic Monitoring Program equipment in any way, nor will I remove or attempt to remove the bracelet.
3. I may only disconnect or move the program equipment upon specific instruction from Corrections staff.
4. I will ensure all equipment is charged daily for a minimum of 2 hours, and will report any issues with equipment immediately to the Corrections Sergeant.

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**FEES (See attached fee schedule)**

1. I agree to submit to alcohol and drug testing prior to beginning the program and both test results must be **negative**. I will pay the cost of the drug and alcohol testing upon program start-up.
2. A one-time hook-up fee will be charged to be placed on EMP and must be paid in full upon start-up.
3. I understand that if approved, the Corrections Sergeant will determine my report date/time to begin serving my sentence in the EMP program.
4. I agree to pay, in advance, the weekly fees for participation in EMP. I will be charged a daily fee to offset the cost of EMP. If I am serving my sentence for an alcohol violation I will be required to pay a fee for the GPS monitor and/or the alcohol monitor. I agree to keep a minimum of 1 weeks worth of Huber fees in my account at all times, until the last week of my sentence. Then I will have the full balance for that week in my account.
5. I am responsible for making sure all fees are paid/current. Deposits are acceptable in cash or money order. Personal checks **will not** be accepted. An account balance of less than 1 weeks on fees can be treated as a rule violation, subject to discipline.
6. I will report to the Green Lake County Correctional Facility once a week at scheduled times to make payments, submit a work schedule and appointment requests for approval. My schedule must be for a week in advance.

**GENERAL RULES**

1. I understand that I must accept all telephone calls from Green Lake County Sheriff's Office personnel (these may show up as "blocked" on caller ID). If I have a cell phone, I must answer incoming calls from the monitoring company. Failure to perform a random or scheduled test will result in my removal from the program (**alcohol monitoring only**).
2. I understand that I cannot possess or use (consume, ingest, or take into my body) any alcohol, drugs (legal or illegal), CBD products and/or medications that has not been prescribed by a physician. This includes all over-the-counter non-prescription medication and mouthwashes, which contain alcohol. I also understand that I will be required to submit to scheduled and random drug and alcohol screenings at my expense.
3. I understand I must complete all scheduled alcohol/drug testing. Having a missed or late test is a rule violation and may result in a loss of privileges up to and including removal from the EMP program.
4. I understand I will be required to follow all orders of the court and/or Probation and Parole Agents, including any no-contact orders.
5. Visitors are not allowed at my residence. Any necessary visits relating to medical treatment (i.e. visiting nurse, oxygen delivery etc.) need to be reported to corrections staff and pre-approved. The only people

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6. I am not allowed to go swimming, take a bath, or take my bracelet into water. I am allowed to take a shower.
7. I agree to comply with all verbal and written instructions from the staff of the Green Lake County Correctional Facility.
8. I agree to comply with all federal, state, and local laws and ordinances. I will report any law enforcement contact to a Corrections Sergeant.
9. I understand that I may be removed from EMP and serve out the remainder of my sentence in jail if I commit a violation.
10. I agree that at no time while participating in EMP will I have alcoholic beverages or illegal drugs in my residence, or the residence I reside in.
11. I understand I am not allowed to use any form of social media (Facebook, Twitter, Instagram, ect.) or communicate with other GLCCF inmates at anytime while on EMP.
12. I agree to remove all firearms from my residence, or the residence I reside in, while I am on EMP.
13. I understand that failing to comply with my approved schedule is a rule violation which could result in being ordered to return to the Facility to serve a discipline and/or being criminally charged with escape.

**DISCIPLINE PROCESS FOR RULE VIOLATION(S)**

While participating in the Electronic Monitoring Program, inmates remain under the jurisdiction of the Green Lake County Correctional Facility. **Any rule violation may result in immediate removal from the program, and the inmate will be returned to jail to serve the remainder of his/her sentence.**

All rule violations will be disciplined on a case-by-case basis. EMP participants may be given a warning for a violation; however, a warning is not required prior to termination from the program.

Depending on the nature of the violation, the participants Huber Law/work release privileges may be suspended during the discipline and a petition sent to the Courts to Revoke Huber privileges. During this time, the participant will be suspended from the Electronic Monitoring Program pending the Courts decision.



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**POTENTIAL RESPONSES TO RULE VIOLATIONS**

- Verbal warning
- Return to Jail/Huber for a period of time (to be determined by the Corrections Sergeants or Corrections Administrator)
- **Removal from the Electronic Monitoring Program**
- Petition sent to the Courts for revocation or suspension of Huber Law/Work Release privileges
- Loss of good time
- Criminal charges

**FEES**

**Set up Fees**

- \$10 Drug Testing
- \$35 Initial hook-up

**Daily Fee Schedule**

- \$23 per day – GPS only
- \$28 per day – GPS & Alcohol monitor
- \$25 per day – GPS only (transfer from other county)
- \$30 per day – GPS & Alcohol monitor (transfer)

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**APPLICATION FOR ELECTRONIC MONITORING PROGRAM (EMP)**

**Personal Information**

Applicant name: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Social Security # \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye color: \_\_\_\_\_ Hair color: \_\_\_\_\_ Scars/marks/tattoos, etc.: \_\_\_\_\_

Marital status: (check one) ☐ Married ☐ Single ☐ Divorced ☐ Separated

How long at above address: \_\_\_\_\_

Do you rent or own residence: ☐ Rent ☐ Own ☐ Other: \_\_\_\_\_

List all people living with you:

	Name	Date of Birth	Relationship
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____

If divorced and have children, do you have visitation privileges? ☐ Yes ☐ No

If yes, names/ages of children: \_\_\_\_\_

Name/Address/Phone # of custodial parent: \_\_\_\_\_

Do you have special family circumstances we should know about? ☐ Yes ☐ No

Explain: \_\_\_\_\_

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**Medical Documentation**

What are your disabilities or special medical conditions? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Are you currently taking a prescribed medication? ☐ Yes ☐ No

Name of medication(s) and dosage: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Name and location of Doctor(s): \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated for drug or alcohol abuse? ☐ Yes ☐ No

Location and reason for treatment: \_\_\_\_\_

\_\_\_\_\_

Do you have regularly scheduled appointments besides work (i.e. treatment, counseling)?

\_\_\_\_\_

\_\_\_\_\_

In the space provided, give a short explanation as to why you believe you should be eligible for this program.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**You may provide a written recommendation from you doctor. This recommendation will be shared with Green Lake County Correctional Facility medical staff, while considering your application.**

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**Employment Information**

Employer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Weekly work hours (day/time): \_\_\_\_\_

Length of employment: \_\_\_\_\_

Does your job location vary? ☐ Yes ☐ No

Does your supervisor work on site with you? ☐ Yes ☐ No

Does your job take you out of the county: ☐ Yes ☐ No

Are you self-employed (proof required)? ☐ Yes ☐ No

Will you have transportation that meets Huber requirements? ☐ Yes ☐ No

Explain transportation and how it meets Huber requirements: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

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**Criminal History**

What is the current charge(s) you are in jail for? \_\_\_\_\_

What is the length of your sentence? \_\_\_\_\_

Do you have any charges pending (list charges/jurisdiction)? ☐ Yes ☐ No

1. \_\_\_\_\_

2. \_\_\_\_\_

Are you currently on probation or parole? ☐ Yes ☐ No

If yes, what charge(s) are you on probation for?

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

If yes, who is your probation agent?

Have you ever been convicted of a Domestic Abuse related charge? ☐ Yes ☐ No

If yes, when? \_\_\_\_\_ Victim's name: \_\_\_\_\_

Do you have any restraining orders or injunctions? ☐ Yes ☐ No

If yes, name and address of respondent/petitioner: \_\_\_\_\_

**I believe the information provided by me to be true and correct, to the best of my knowledge. I understand that purposeful omissions or inaccuracies, on my part, will be reason for my immediate disqualification from consideration for the program.**

Inmate signature: \_\_\_\_\_ Date: \_\_\_\_\_

Information verified by: \_\_\_\_\_

Corrections Sergeant

Date

Facility Nurse

Date

Approved/Denied by: \_\_\_\_\_

Corrections Sergeant

Date

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**Inmate Contract**

This document constitutes an agreement made by the applicant with the Green Lake County Correctional Facility for the purpose of participating in the Electronic Monitoring Program (EMP).

The applicant pledges that all information given to corrections staff during the application and classification process is true to the best of his/her knowledge.

The applicant acknowledges having received a copy of the rules of the EMP program and has had the opportunity to discuss them with program director.

The applicant acknowledges that he/she understands the rules of Huber & EMP, and agrees to comply with them. **Failure to comply with the rules will result in disciplinary actions that may include: removal from EMP and completing the sentence in the jail, loss of good time and suspension or revocation of Huber Law privileges by the Courts.**

The applicant releases the Green Lake County Sheriff's Office, the Green Lake County Correctional Facility, its personnel and the vendor from any liability associated with my participation in EMP.

The applicant agrees that upon completion of the program, all of the program equipment issued to him/her shall be returned to the appropriate corrections official in clean operable condition or the cost of repairing, servicing or replacing the equipment will be assessed against the applicant.

The applicant agrees to comply with all lawful orders and instructions issued by Green Lake County Correctional Facility staff or law enforcement officers.

The applicant agrees to report to the Corrections Sergeant, weekly as assigned.

My signature confirms the above, as well as my receipt of EMP equipment.

Applicant name (print): \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Corrections Sergeant signature: \_\_\_\_\_

Scheduled weekly report date: \_\_\_\_\_

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**Huber Rules and Regulations**

1. You must follow all rules of the GLCCF and comply with all federal, state, and local laws/ordinances. You are required to report ANY contact with law enforcement immediately to a Corrections Sergeant.
2. You shall follow all verbal and written instructions from corrections staff of the GLCCF.
3. You are not permitted to have firearms, alcohol, or illegal drugs in your residence while on Huber/EMP.
4. You are strictly prohibited from calling or having someone else call, for any reason, any employee of the GLCCF at his or her residence.
5. The GLCCF does not have any responsibility to provide food, clothing, dental or other medical care while enrolled in the Huber/EMP program.
6. While participating in Huber/EMP, you, your property, place of residence, vehicle and/or any other belongings are subject to search and seizure at anytime, with or without search warrants, to any law enforcement officer or GLCCF staff. You shall permit GLCCF staff and/or a law enforcement officer to enter your residence at any time to inspect the program equipment and ensure you are complying with the rules of the program.
7. You are not allowed to consume any alcoholic product/beverage, use unauthorized medication/drugs or any other controlled substance. This includes CBD products, mouth washes, over the counter non-prescription medications, and/or medications that have not been prescribed by a physician. If you are suspected of violating this rule, you will be required to submit to a breath test, urine analysis or both. Refusal to do so will result in disciplinary proceedings. If the results are positive, you will pay for the cost of the test. **THIS RULE WILL BE ENFORCED AT THE TIME OF BOOKING. YOU MUST REPORT COMPLETELY SOBER.**
8. You will not be allowed to use any prescribed medication unless the medical staff has previously authorized that medication.
9. Any time a person identified as a police officer shows up at residence or job site, you must present and identify yourself to that officer **IMMEDIATELY**.
10. Your supervisor must notify the facility if there are any changes in your normal scheduled work hours or job site. Any work hour changes to your schedule must be submitted 48-hours in advance, by your employer. It is **your responsibility** to ensure that your supervisor informs the facility immediately of all changes. Your location will be traced at all times and stored as an official record.
11. You must maintain your employment and participation in schooling/counseling programs as approved by the Corrections Sergeant. You must notify a Corrections Sergeant immediately of ANY changes regarding your employment status, travel arrangements, childcare, school status, etc.
12. You will provide your own transportation, which must be approved by a Corrections Sergeant. Any changes in transportation during your incarceration period must be approved prior to being effective. You are not permitted to drive a motor vehicle to and from work without a valid driver's license and proof of current liability insurance. **THIS INFORMATION MUST BE PRESENTED AT TIME OF SET-UP.** Any and all forms of transportation **MUST** meet or exceed ALL State Statutory requirements. This includes bicycles.
13. When you leave your residence, you are to go **directly** to your approved destination and return directly to your residence when you are finished. Unless you have permission from a corrections officer, do not stop **ANYWHERE** on the way to or from your approved destination.
14. Travel to your approved Huber destination by a route that is the most direct.
15. You must spend ALL free time (other than lunch breaks at work) at your residence.
16. If you fail to report back to your residence from your Huber location or leave that location without proper authority, you will be considered an escapee and will be subject to prosecution.

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17. You are not permitted to change residences without prior approval from a Corrections Sergeant.
18. You are not permitted to enter areas that are defined to be "off limits" (ie. restaurants, liquor stores, taverns or anywhere alcohol is sold by the drink)
19. It is your responsibility to make sure you have enough funds in your account to stay current on your Huber fees (2 weeks in advanced) Failure to do so may result in you being ordered to return to the Facility. Bank/ATM stops are approved once per week.
20. You are not allowed to increase your payroll deductions after commitment to the facility. You may not receive cash advances from your employer while you are incarcerated.
21. You will not be permitted to have unauthorized contact with family/friends while out on Huber—this includes in person, writing, internet, and/or telephone. Visitors are not allowed at your residence or work while out on Huber.
22. You are not approved to use any form of social media (Facebook, Twitter, Instagram, ect) or communicate with other GLCCF inmates at anytime while on Huber/EMP.
23. You must complete all scheduled alcohol/drug testing. Any missed or late test is a rule violation and may result in loss of privileges.
24. You are required to accept all telephone calls from Green Lake County Sheriff's Office personnel.
25. You will be required to follow all ordered of the court and/or Probation and Parole Agents, including no-contact orders.
26. It is your responsibility to care for all monitoring equipment issued to you. You will be held financially responsible for any damage to or loss of equipment. You may be held civilly an/or criminally liable for replacement costs. You shall not tamper with the monitoring equipment in any way OR attempt to remove the GPS monitoring device.
27. All monitoring equipment shall be charged daily for a minimum of 2 hours. Any issues with equipment shall be immediately reported to a Corrections Sergeant.
28. You are not permitted to go swimming, take a bath, or in any way fully submerge your GPS monitoring device. You are permitted to shower.
29. You will be required to report to the Facility once a week at scheduled times to make payments, submit work schedules, ect. Your schedule must be for 1 week in advanced.
30. Violation of Huber Rules will result in disciplinary action which may include; a return to the facility for period of time, suspension of EMP privileges, loss of good time, criminal charges, and/or staff petitioning the Courts to revoke your Huber privileges. Participants may be given a warning for a violation; however a warning is not required prior to termination from the program.

Applicant Printed Name: \_\_\_\_\_ Date: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_

Corrections Sergeant Signature: \_\_\_\_\_ Date: \_\_\_\_\_





## AUTHORIZATION FOR THE RELEASE OF INFORMATION

I hereby authorize the use and/or disclosure of my protected health information (PHI) as described below.

Patient name: \_\_\_\_\_

Date of birth: \_\_\_\_\_

Person/organization authorized to disclose PHI: \_\_\_\_\_

Correctional facility authorized to receive PHI  
under HIPAA statute 45 CFR § 164.512(k)(5): \_\_\_\_\_

\_\_\_\_\_  
Name of person or organization

\_\_\_\_\_  
Name of correctional facility

\_\_\_\_\_  
Street Address

\_\_\_\_\_  
City, State, Zip

\_\_\_\_\_  
City, State, Zip

I expressly request that the facility identified above disclose my full and complete PHI related to the following selection(s) from the dates \_\_\_\_\_ through \_\_\_\_\_:

- ☐ All medical records
- ☐ All mental health records

Only the following:

- |  |   |
|--|---|
| <ul style="list-style-type: none"> <li><input type="checkbox"/> Physical evaluations</li> <li><input type="checkbox"/> Psychiatric/psychological evaluations</li> <li><input type="checkbox"/> Clinical progress notes</li> <li><input type="checkbox"/> Lab/diagnostic results</li> <li><input type="checkbox"/> Psychological testing</li> </ul> | <ul style="list-style-type: none"> <li><input type="checkbox"/> Treatment plan</li> <li><input type="checkbox"/> Safety plan</li> <li><input type="checkbox"/> Discharge summary/instructions</li> <li><input type="checkbox"/> Medication list</li> <li><input type="checkbox"/> Other (specify): _____</li> </ul> |
|--|---|

This PHI is disclosed for the purpose of provision of healthcare information regarding genetic testing, substance use disorder, HIV test results, and sexually transmitted infections and are protected under the federal regulations covering confidentiality of Drug and Alcohol Abuse Patient Records, 42 Code of Regulations (CFR) Part 2 and the Health Insurance Portability Accountability Act of 1996 (HIPAA) 45 CFR Parts 160 and cannot be disclosed without my written consent unless otherwise provided for in the regulation.

Check below if you do not want this information released:

- ☐ Substance Use Disorder Treatment
- ☐ HIV test results and related treatment
- ☐ Sexually transmitted infections
- ☐ Genetic Testing

I understand that this authorization will expire one year from the date of my signature below. I understand that information disclosed pursuant to this authorization may be subject to re-disclosure and may no longer be protected by the Privacy Rule. I understand that I have a right to revoke this authorization and may do so by notifying the facility listed above in writing. Revoking this authorization will not have any effect on any actions the facility took before it received the revocation. If this authorization was obtained as a condition of obtaining insurance coverage, I understand that my revocation will not affect the insurer's rights to contest a claim under the policy or the policy itself. I do hereby consent to the disclosure of the above-described information contained in the health record identified on this form. I understand that the facility will not condition the provision of treatment or payment on the provision of this authorization.

\_\_\_\_\_  
Signature of Patient or Personal Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Personal Representative Name

\_\_\_\_\_  
Relationship to Patient

\_\_\_\_\_  
Witness Name

\_\_\_\_\_  
Signature and printed name

\_\_\_\_\_  
Date

The agencies listed on this release form are not responsible for third party re-disclosure of the authorized information exchanged per this release. PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected pursuant to CFR 42 part 2 and HIPAA regulation CFR. Any further disclosure is person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public record law. We will not re-disclose any protected health information received from other parties, that may be present in our record.