



NATASHA DARTIQUE
PUBLIC DEFENDER

KEITH LOTRIDGE
DEPUTY PUBLIC DEFENDER

GENERAL RELEASE OF INFORMATION

I, _____ DOB: _____ SSN: _____
(Print or Type Name)

of _____
(Print or Type Complete Address)

authorize _____

to disclose to the Office of the Public Defender the following information from my records.
(Specify extent or nature of information to be disclosed.)

The purpose or need for such disclosure is _____

This consent (unless expressly revoked earlier) expires on _____
(Specify date, event or condition upon which consent will expire)

Signature of Client/Patient: _____ Date: _____

Signature of Witness: _____ Date: _____

Signature of Parent, Guardian, or
Legal Representative: _____ Date: _____

Relationship: _____ Address: _____

This information has been disclosed to you from records, the confidentiality of which is protected by Federal law. Federal regulations (42 CFR Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is not sufficient for this purpose.

Please address your reply to: _____ (Attorney/Division)
Office of the Public Defender Re: Case # _____