

BARRY COUNTY OFFICE OF COMMUNITY CORRECTIONS

Consent for Disclosure of Information

I, _____, DOB: ___/___/____, hereby consent to the release, receipt, and/or exchange of information between and among the Barry County Office of Community Corrections, the Barry County Trial Court, the Michigan Department of Corrections Probation Office, and the Barry County Jail, and the agency/agencies initialed below.

The purpose of, and need for, this disclosure is to inform any and all named parties of my eligibility and/or enrollment and participation in the following OCC programming:

The probationer must initial all agencies and/or programs, in addition to those listed above, that will be included in this release:

_____ **Anger Management** - Catholic Charities of Western Michigan

_____ **The Cog Program** - Barry County Community Mental Health Authority

_____ **The Drug Testing Program** – Barry County Office of Community Corrections

Information to be released, received, and/or exchanged includes program attendance, participation updates, testing registration and/or completion information, coordination of services, drug testing results, overall progress in accordance with program criteria, including monthly reports to applicable parties listed above, and discharge information.

I understand that I may revoke this consent for disclosure at any time except to the extent that action has been taken in reliance on it, and that in any event this consent will expire automatically upon my completion of, or termination from, OCC programming, -OR- until the following date: _____
mm/dd/yyyy

I understand that if I am court-ordered to participate, and if I revoke this consent for disclosure prior to successful completion of all requirements with OCC Programming, it may result in a probation violation or termination from the program.

Participant Signature

Date

Printed Name of Participant

Barry County Office of Community Corrections Staff Signature

Date