

For use of this form, see AR 600-85; the proponent agency is DCS, G-1.

I, _____, this _____ day of _____ 20____,
(Client's Full Name)

do hereby voluntarily consent to the release of the following information by _____ **HQDA ASAP**
(Name of Installation ASAP)

pertaining to my identity, diagnosis, prognosis, or treatment from any Army record maintained in connection with
 alcohol or other drug abuse education, training, treatment, rehabilitation, or research to Child/Youth Svcs Suitability Prog
 _____ for the purpose of completing a background check requirement in accordance with
 Department of Defense Instruction 1402.05 and Army Directive 2014-23.

_____ namely,

*** see above***

(extent or nature of information to be disclosed)

(Check applicable paragraph)

- Or -

2. ☐ I understand that this consent automatically expires 60 days from today's date or when my present criminal justice system status changes to _____

Further, I understand that if my release from confinement, probation, or parole is conditioned upon my participation in the ASAP, I cannot revoke this consent until there has been a formal and effective termination or revocation of my release from such confinement, probation, or parole.

SIGNATURE OF CLIENT		DATE
NAME OF WITNESS (<i>Type or print</i>)	SIGNATURE	DATE

NOTE: Other than the MEDCEN/MEDDAC/DHA Commander, approval authority for release of information may be delegated to the Program Physician or the Clinical Director.

In my judgment, the release of an evaluation of the present or past status of _____
(Client's Name)
in the alcohol or other drug treatment and rehabilitation program will not be harmful to him/her.

NAME OF MEDCEN/MEDDAC/DHA Commander OR DESIGNATED REPRESENTATIVE <i>(Type or print)</i>	
SIGNATURE	DATE