

TRINITY COUNSELING SERVICES LLC
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Client Name _____ Client Number _____

CONSENT FOR RELEASE OF INFORMATION

I hereby authorize Trinity Counseling Services LLC to obtain or release specified information regarding _____.
(Client Name)

This information will be exchanged with:

1. NC Department of Human Resources, Criminal Justice/DWI Branch
2. NC Division of Motor Vehicles/Drivers License Section
3. NC District and/or Superior Court, County of _____
4. NC Department of Corrections/Probation/Parole-OFFICER: _____
5. Attorney: _____
6. OTHER: _____

The information to be exchanged can include the following:

1. Pre and/or Post Trial DWI Assessment
2. Substance Abuse Screening Interview
3. Treatment Assessment Interview
4. Treatment/Aftercare Plan/Goals Recommendations
5. NC DWI Certificates of Completion (DMH 508-R)
6. Other Information (specify) _____

I understand this information will be used to determine compliance with G.S. 20-17.6 or:
Other (specify) _____

This release is valid for one year from the date next to signature UNLESS otherwise revoked by client.

I give permission for my complete driving history to be obtained from the NC DMV.
I understand that in the case of a Pre and/or Post Trial DWI Assessment, verification of my compliance with the assessment and/or any recommended treatment is necessary in order for my driver's license to be reinstated in the event of conviction and/or revocation.
I understand that my court judgment may specify that I am required to sign this release as a condition of my suspended sentence. Otherwise, signing this release is voluntary and may have already been released prior to my notifying this agency.

Client Signature(full legal name) Date
NCDHR #MHL-060-977 Facility Code 50634

Counselor Signature Date
October 2015