

PRISONERS' RIGHTS OFFICE

6 Baldwin Street, 4th Fl.

Montpelier, VT 05633-3301

Tel: 802-828-3194 *** Fax: 802-828-3163

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ ✓(DOB) _____, hereby authorize the Vermont Department of Corrections to disclose information, at the Department's sole discretion, contained in my corrections case file to:

**PRISONERS' RIGHTS OFFICE,
6 Baldwin Street, 4th Fl.
Montpelier, Vermont 05633-3301**

I agree to hold harmless the Department of Corrections, its employees, contractors, heirs and assigns for any and all injury that may arise out of the execution of this consent.

I understand that my records are protected under the federal regulations governing Confidentiality of Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent automatically expires one year from the date below.

Dated at _____, _____, this _____ day of _____, 2007.

✓ _____
Signature of Inmate

STATE OF _____

_____ COUNTY, SS.

Subscribed and sworn to before me this _____ day of _____, 2007.

Notary Public