

**PRISONERS' RIGHTS OFFICE**  
6 Baldwin Street, 4<sup>th</sup> Floor  
Montpelier, Vermont 05633-3301  
Tel: (802) 828-3194 \*\*\* Fax: (802) 828-3163

**MEDICAL-MENTAL HEALTH & 42 CFR PART 2 AUTHORIZATION**

TO: The Vermont Department of Corrections  
Medical/Mental/Dental Health Personnel

RE: ✓ \_\_\_\_\_

✓DOB: \_\_\_\_\_

Information release to:

Prisoners' Rights Office  
6 Baldwin St., 4<sup>th</sup> Floor  
Montpelier, VT 05633-3301

Pursuant to Directive 241.02, you are hereby authorized and directed to permit the examination of the Vermont Department of Corrections' MEDICAL/MENTAL/DENTAL HEALTH records generated and retained on me during my incarceration to be provided to my attorney from the Prisoners' Rights Office and/or any other authorized agent for the Prisoners' Rights Office, 6 Baldwin St., 4th Floor, Montpelier, Vermont. The examination is to include the following:

1. Any and all of my medical/dental records pertaining to the subsequent treatment, diagnosis, prognosis, etiology, of my injuries incurred as a result of my accident of \_\_\_\_\_ occurring at \_\_\_\_\_, minus raw data as precluded by Directive 241.02.
2. Any and all of my MENTAL HEALTH records pertaining to \_\_\_\_\_, including the treatment records, diagnosis, prognosis, etiology, minus raw data as precluded by Directive 241.02.
3. Alcohol and drug abuse records that are and/or may be protected by 42 CFR part 2.

✓Dated: \_\_\_\_\_

✓ \_\_\_\_\_  
Name

This authorization is valid until one year from the date of signing.