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3 Exhibit A

4 AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION TO DREAM

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6 I, \_\_\_\_\_, the undersigned, have voluntarily agreed to participate in  
7 the Western District of Washington's Drug Reentry Alternative Model (DREAM)  
8 program. As part of my participation in the DREAM program, I hereby authorize any  
9 and all substance abuse treatment and counseling and other programs to which I may be  
10 referred as part of the DREAM program to release confidential information in their  
11 records, possession, or knowledge, of whatever nature may now exist or come to exist, to  
12 the following participants in the DREAM program: (a) United States District Court for  
13 the Western District of Washington; (b) United States Pretrial Services and Probation  
14 Office for the Western District of Washington; (c) the Federal Public Defender's Office  
15 for the Western District of Washington; and (d) the United States Attorney's Office for  
16 the Western District of Washington (collectively, the DREAM Executive Review Team).

17  
18 The confidential information I hereby authorize to be released to the DREAM  
19 Executive Review Team will include, without limitation: date of entrance to program;  
20 attendance records; urine testing results; type, frequency, and effectiveness of therapy  
21 (including psychotherapy notes); general adjustment to program rules; type and dosage of  
22 medication; response to treatment; test results (psychological, vocational, etc.); date of  
23 and reason for withdrawal from program; and prognosis.

24  
25 I understand that, subject to any exceptions to confidentiality that may apply under  
26 federal or state law, the DREAM Executive Review Team may use the confidential  
27 information hereby authorized to be released only in connection with their evaluation of  
28 my participation and progress in the DREAM program and my compliance or non-  
compliance with the terms of my diversion, and their evaluation of the effectiveness of  
the DREAM program as a whole. I also understand that this authorization will remain  
valid until my termination from the DREAM program, whether successfully or  
unsuccessfully, at which time this authorization for disclosure of confidential information  
will expire. I understand, however, that confidential information disclosed pursuant to  
this authorization may subsequently be used by the United States District Court for the  
Western District of Washington and/or the United States Pretrial Services and Probation  
Office for the Western District of Washington, to initiate or support an action alleging a  
violation of the terms of my diversion and/or to prepare a Presentence Report, make a  
recommendation regarding sentencing, and determine the appropriate sentence, as a result

1 of which the information may no longer be deemed confidential and may no longer be  
2 protected by federal or state law.

3 Finally, I understand that I have the right to revoke this authorization to release  
4 confidential information, in writing, at any time by sending written notification to the  
5 United States Pretrial Services Officer assigned to supervise me while participating in the  
6 DREAM program. I understand that if I revoke this authorization to release confidential  
7 information, I will thereby revoke my authorization for further disclosure of such  
8 information. I also understand that if I revoke this authorization to release confidential  
9 information before I complete the DREAM program, it may result in my termination  
10 from the DREAM program and may be considered a violation of DREAM program rules  
11 or of a condition of my DREAM contract.

12 I have read this authorization to release confidential information, have discussed it  
13 with my attorney, understand its terms, and by signing below agree to it.

14 \_\_\_\_\_  
15 DEFENDANT

16 \_\_\_\_\_  
17 DATE

18 I am the attorney representing the individual signing this authorization to release  
19 confidential information in connection with the DREAM program and have discussed the  
20 terms of this authorization with this individual. I believe this individual understands the  
21 terms of this authorization and that this individual's agreement to sign this authorization  
22 is knowingly and voluntarily made.

23 \_\_\_\_\_  
24 JENNIFER WELLMAN  
25 Assistant Federal Public Defender

26 \_\_\_\_\_  
27 DATE