

**ALTO DUI PROGRAM**  
**STATEMENT OF CONFIDENTIALITY**  
**AND RELEASE OF INFORMATION AUTHORIZATION**

1. I have had explained to me the ALTO Program's policy on confidentiality.
  2. I hereby authorize ALTO to release all treatment and progress records to my Attorney of record (listed below), any District Attorney, Court of Jurisdiction, Department of Motor Vehicles, or Probation Department pertaining to my participation in this post conviction DUI program.
  3. I further authorize ALTO to allow access to my treatment and progress records by representatives of the State of California Department of Alcohol and Drug Programs and Santa Cruz County Department of Alcohol and Drug Programs for the purpose of monitoring the program. I understand such information is necessary for them to accomplish those duties as prescribed by statute.
  4. I authorize ALTO to release information regarding amounts and status of my account for services rendered and any information necessary to facilitate the collection of that account to a qualified service organization (collection agency).
  5. I understand I will receive copies of any reports rendered to any agency pertaining to my participation in the program.
  6. I understand that my treatment records are confidential and cannot be disclosed except by this, another release signed by me, or as otherwise provided for by law. I also understand that this consent may not be revoked by me unless there is a formal and effective termination of my participation on the above program, but may be revoked by me in writing at any time thereafter. I understand that this agreement will expire six months after termination/completion date, with the exception that accesses by the County and State will continue for the purposes of monitoring the program.
- If a client is not mandated by the Court to attend the program, information will only be released to the agency requesting completion of the program.

\_\_\_\_\_  
Attorney's Name

\_\_\_\_\_  
Attorney's Address/Phone

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Counselor Signature

\_\_\_\_\_  
Date