

**CONSENT TO RECORD MEETING
WITH CSSD EMPLOYEE AND TO
RELEASE INFORMATION**

JD-AP-141 New 10/07

**STATE OF CONNECTICUT
COURT SUPPORT SERVICES DIVISION**

www.jud.ct.gov



Legal Notice: The confidentiality of the information requested to be recorded may be required under chapter 899 or 815t of the Connecticut General Statutes, may be protected under federal confidentiality regulations (42 CFR, PART 2), or may be protected under other provisions of the law. If the requested information is confidential, it cannot be disclosed without the client's consent unless otherwise provided in statutes or regulations.

Client's name (<i>Authorizing individual</i>)	Date of birth	Client's CMIS number
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Program in which meeting will take place (*e.g., probation supervision, pretrial diversion, conditional discharge, etc.*)

- I. Release of information pertaining to: A video and/or audio record of an ordinary meeting with a Court Support Services Division (CSSD) employee and me.
- II. Type of Information to be recorded and released: Any information recorded during the course of an ordinary meeting with a CSSD employee that may include, but is not limited to discussions regarding drug and alcohol history, medical history, psychological and/or psychiatric history, family history, participation in any counseling sessions, personal demographic information, discussion of the facts which led to my referral to CSSD and any other information that is disclosed during the course of the meeting. Within the limitations of the location of the meeting, no visual image will be made of me.
- III. Purpose of Authorization: I understand that I am permitting employees of the Court Support Services Division to make a visual and/or audio recording of an ordinary meeting between a CSSD employee and me. I understand that this recording may be shown to or listened to by other CSSD staff and/or other individuals affiliated with CSSD for the purpose of evaluating the performance of the CSSD employee who conducts the ordinary meeting; training other CSSD employees or other individuals affiliated with CSSD; and, any other legitimate purpose for which CSSD records may be lawfully used.
- IV. Statement of Authorization: I hereby authorize CSSD to make a recording as described above and I grant permission for this recording to be used for the purpose described above. I acknowledge that the information to be recorded and released was explained to me and this consent is given of my own free will. I have been informed and I understand that I may decline to give my consent and that if I decline to give my consent it will have no impact on my supervision. I have read this form/had this form read/explained to me and I acknowledge an understanding of the purpose for the release of information. I understand that I may revoke this authorization at any time except to the extent that action has already been taken in reliance on it. This authorization, unless expressly revoked earlier, automatically expires five years from today.

Signature of authorizing person (<i>Client</i>) (<i>If minor, signature of parent or guardian</i>)	Date signed
Signature of witness	Date signed
Name of witness signing above (<i>Print</i>)	

Distribution: 1. Original to CSSD file 2. Copy to Client/Parent or Guardian