

SOUTH DAKOTA DEPARTMENT OF PUBLIC SAFETY
DRIVER LICENSING

In re the Work Permit of:

(Name)

(Address)

(City, State)

I, _____, have agreed to my placement in the 24/7 Sobriety Program. I understand that the execution of this Waiver, Consent and Release Form is a condition of my participation in the 24/7 Sobriety Program.

I hereby authorize the disclosure and exchange of the information described below that is maintained by the Office of Attorney General, Unified Judicial System, Department of Public Safety, Department of Social Services, Department of Corrections, Department of Human Services, and County Sheriff's Offices and their designate law enforcement agencies to one or more of these governmental and law enforcement agencies to be used for authorized governmental and law enforcement purposes.

In signing this Waiver, Consent and Release of Information Form, I am granting permission for the release, disclosure and exchange of enrollment, reporting, infraction, violation, status and other information that will be collected during the course of my participation in the 24/7 Sobriety Program; information included in my Unified Judicial System criminal court records; information included in treatment program records reported to the SD Division of Alcohol and Drug Abuse and SD Division of Mental Health via the State Treatment Activity Reporting System (STARS); work permit and driving information maintained by the Department of Public Safety; parole information maintained by the Department of Corrections; child placement information under SDCL 26-8A-22 and 26-8A-26 maintained by the Department of Social Services; and booking information maintained by county sheriff's offices.

I understand the information that may be disclosed or exchanged may be used by the above-listed state and county entities for authorized government and law enforcement activities associated with my participation in the 24/7 Sobriety Program. These activities include: determining whether I used any alcohol, marijuana or controlled drug or substances while in the 24/7 Sobriety Program; monitoring my compliance with the order or directive that placed me in the 24/7 Sobriety Program; investigating infractions and violations of the terms and conditions of my participation in the 24/7 Sobriety Program and taking enforcement actions authorized under the placement order or directive and state law; and for use in my evaluation, participation and treatment in an alcohol and/or drug abuse program and follow-up activities. This information may also be used by the South Dakota Attorney General's Office, Department of Public Safety, Office of Highway Safety, Department of Human Services and individuals hired by them for statistical analysis purposes to evaluate the status and effectiveness of the 24/7 Sobriety Program and affiliated treatment programs.

I understand that my alcohol and/or treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and that recipients of this information may disclose such information only in connection with their official duties.

I understand that this Waiver, Consent and Release of Information Form will remain in effect and cannot be revoked by me while I am a participant in the 24/7 Sobriety Program. This Waiver, Consent and Release of Information Form will expire upon my completion of the 24/7 Sobriety Program. However, all information obtained during my participation in the 24/7 Sobriety Program may be accessed and disclosed, as follows:

1. To the above-listed governmental and local law enforcement entities for authorized governmental or law enforcement purposes if, after completion of the Program, I have future alcohol, marijuana, or controlled drug or substance infractions or violations, or I am placed again in the 24/7 Sobriety Program;
2. For statistical analysis purposes; and
3. For treatment purposes.

I understand that I may be contacted for follow-up interviews to provide information for this statistical analysis which may include factors related to my sobriety.

I understand that my removal from the 24/7 Sobriety Program for a violation or infraction does not constitute completion of the Program.

PARTICIPANT'S SIGNATURE DATE

WITNESS' SIGNATURE DATE