

**DEPARTMENT OF MENTAL HEALTH AND SUBSTANCE ABUSE SERVICES  
CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, SSN: \_\_\_\_-\_\_\_\_-\_\_\_\_ SEX: \_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

(Print full name including middle initial)

authorize the Department of Mental Health and Substance Abuse Services to release to the Council on Law Enforcement Education and Training (CLEET) information concerning whether I have ever been involuntarily committed to an Oklahoma state mental institution. This authorization is given as part of my CLEET application for:

**Peace Officer Certification**

**Private Security Guard or Investigator License**

This consent shall expire upon notification from CLEET that I am accepted to attend or denied attendance in the CLEET basic peace officer academy or I am approved or denied to receive a security guard or investigator license.

I hereby acknowledge that this consent for the release of information is given freely and voluntarily. I understand that I may revoke this consent (in writing) at any time unless action has already been taken based upon it, and that in any event this consent expires in ninety (90) days from the date of signing or upon the condition(s) described above, unless a longer period has been specified above.

**THE INFORMATION AUTHORIZED FOR RELEASE MAY INCLUDE RECORDS WHICH MAY INDICATE THE PRESENCE OF A COMMUNICABLE OR VENEREAL DISEASE WHICH MAY INCLUDE, BUT ARE NOT LIMITED TO DISEASES SUCH AS HEPATITIS, SYPHILIS, GONORRHEA, AND THE HUMAN IMMUNODEFICIENCY VIRUS, ALSO KNOWN AS ACQUIRED IMMUNE DEFICIENCY SYNDROME (AIDS). [63 O. S. § 1-1502.2] (B)**

Notice to individuals or entities releasing alcohol and drug abuse treatment records:

There shall be a statement in bold face, stamped upon each page of the information released stating, "This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient."

\_\_\_\_\_  
Signature of CLEET applicant.

\_\_\_\_\_  
Date