



Exhibit A

**AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION TO GLACIER**

I, _____, the undersigned, have voluntarily agreed to participate in the District of Montana's Group Led Alternative Court Inspiring and Encouraging Recovery (GLACIER) program. As part of my participation in the GLACIER program, I hereby authorize any and all substance abuse treatment and counseling and other programs to which I may be referred as part of the GLACIER program to release confidential information in their records, possession, or knowledge, of whatever nature may now exist or come to exist, to the following participants in the GLACIER program: (a) United States District Court for the District of Montana; (b) United States Pretrial Services and Probation Office for the District of Montana; (c) the Federal Public Defender's Office for the District of Montana; and (d) the United States Attorney's Office for the District of Montana (collectively, the GLACIER Executive Review Team).

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

GLACIER CONTRACT EXHIBIT A
(Case No. _____)

UNITED STATES PROBATION OFFICE
James F. Battin Federal Courthouse
2601 2nd Ave North
Billings, MT 59101

I understand that, subject to any exceptions to confidentiality that may apply under federal or state law, the GLACIER Executive Review Team may use the confidential information hereby authorized to be released only in connection with their evaluation of my participation and progress in the GLACIER program and my compliance or non-compliance with the terms of my diversion, and their evaluation of the effectiveness of the GLACIER program as a whole. I also understand that this authorization will remain valid until my termination from the GLACIER 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 District of Montana and/or the United States Pretrial Services and Probation Office for the District of Montana, 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 of which the information may no longer be deemed confidential and may no longer be protected by federal or state law.

Finally, I understand that I have the right to revoke this authorization to release confidential information, in writing, at any time by sending written notification to the United States Pretrial Services Officer assigned to supervise me while participating in the GLACIER program. I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization for further disclosure of such information. I also understand that if I revoke this authorization to release confidential information before I complete the GLACIER

program, it may result in my termination from the GLACIER program and may be considered a violation of GLACIER program rules or of a condition of my GLACIER contract.

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

Defendant Signature

DATE

Defendant Name: _____

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

Assistant Federal Public Defender Signature

DATE

Assistant Federal Public Defender Name:
