

Kent County, MD Recidivism Reduction Project (RRP)



Consent for Recidivism Reduction Project (RRP) Authorization for Release of Information to RRP

As a person involved with the criminal justice system as a defendant who is either incarcerated, on probation or as part of an alternative criminal disposition, RRP services are available in preparation and support of my successful return to the community. To access these services, I must provide RRP Staff authorization to facilitate my reentry plans through reviewing my institutional and criminal history, KCDC case file (if applicable) in its entirety, Mental Health, substance abuse, and medical information, gathering and recording my personal information as part of a Reentry Needs Assessment, and sharing and discussing this information as needed with service providers and agencies in the community as my RRP Plan is developed. I understand that many aspects of my institutional history and personal information described above constitute confidential or protected information under state and federal law that cannot be shared without my permission. I further understand that if I grant my permission for the release of such information about me, this information will be released by the RRP Staff with facility staff and contract partners or from service providers, health care providers and agencies in the community who assist in providing reentry support and services. Such agencies include but are not limited to programs within Maryland. In giving my authorization on individual releases of information, the RRP Staff will also share information about my institutional history, case file, and personal information with the representatives of agencies and providers as needed to facilitate my RRP Plan and successful return to the community.

Having read the information provided in the above paragraph,

I, _____, CONSENT for services from the Recidivism Reduction
Name Date

Project (RRP) to discuss and share my institutional history, case file, and personal information with RRP staff and contract partners as well as representatives from related service providers and agencies in the community. My information will only be shared by RRP Staff as needed to facilitate my RRP Plan and successful return to the community.

Signature_____

I, _____, DECLINE services from Recidivism Reduction Project.
Name Date

Signature_____