

# MAINE STATE LEGISLATURE

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DEPARTMENT OF THE ATTORNEY GENERAL

Memo From

COURTLAND D. PERRY, II  
ASSISTANT ATTORNEY GENERAL  
COUNSEL, DEPARTMENT OF MENTAL HEALTH  
& CORRECTIONS

Date: 21 November 1968


To: Elmer L. Mitchell, Director Dept. Education  
Division of Vocational Rehabilitation

Subject: Addendum to Opinion Re: Maine State Prison Furnishing Prisoner Information  
and Access to Records to Outside Agency - 12 November 1968.

In response to your inquiry into the applicability of our Opinion dated 12 November 1968, to other professionals concerned with the rehabilitation of Maine State Prison inmates and connected with the Division of Vocational Rehabilitation, we submit this brief memorandum as an addendum to that Opinion.

You indicate that other professional persons may be involved in participation of the Division of Vocational Rehabilitation in the rehabilitation program of Maine State Prison inmates. The reasoning contained in our Opinion may be considered to be applicable to the involvement of any professional person in the Vocational Rehabilitation Program, in which your Division participates. Each such professional person involved with an inmate in the rehabilitation process, we assume is as important to the effective participation of the Division of Vocational Rehabilitation, as the psychologist discussed in our Opinion.

We attach a Release of Information Form, utilizing both your text and our additions to it, and suggest its use.

  
Courtland D. Perry  
Assistant Attorney General

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VOCATIONAL REHABILITATION UNIT  
MAINE STATE PRISON  
THOMASTON, MAINE

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Maine State Prison and the Vocational Rehabilitation Unit located thereat to release to such professional persons as may be necessary to my rehabilitation; e.g., professionals including but not limited to physicians, surgeons, psychologists, evaluators, instructors and therapists, any information regarding my medical, psychological, social and employment history which may be on file in my case.

In granting this authorization it is my understanding that information furnished or obtained from examination of records will be used in connection with the evaluation of my need or aptitude for, or participation in, vocational rehabilitation programs and for no other purpose, and that the same will be kept confidential.

WITNESS \_\_\_\_\_

SIGNED \_\_\_\_\_

DATE: \_\_\_\_\_