



Oregon

Tina Kotek, Governor

Psychiatric Security Review Board

6400 SE Lake Road, Suite 375

Portland, OR 97222

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AGREEMENT TO CONDITIONAL RELEASE for:

(Client Name – Client PSRB #)

I am under the jurisdiction of the Psychiatric Security Review Board and agree to all of the special conditions of release contained in the Board's order and to the following general conditions:

1. I agree to abide by all municipal, county, state and federal laws.
2. I understand that all passes from my residence, including overnight, need approval from my case manager and the PSRB. I understand that if I depart from the state without authorization of the Board I may be prosecuted for the crime of Escape in the Second Degree, a Class C felony with a five-year penalty in accordance with ORS 162.155(1)(d), and if so charged, I agree to waive extradition.
3. I agree not to use or possess marijuana or any alcoholic beverages. No marijuana or alcoholic beverages shall be allowed in my residence. Further, I agree not to enter any establishment where the primary purpose is the sale or distribution of alcoholic beverages or marijuana products.
4. I agree not to use or possess any controlled substance or over-the-counter medication unless prescribed or approved by a licensed physician or licensed nurse practitioner. However, if so prescribed, I shall notify my case manager immediately. I understand this means I will not use or possess "street drugs." I agree not to apply for or participate in any legalized marijuana program, including the Oregon Medical Marijuana Program (OMMP).
5. I agree to follow the conditions of my release and conduct myself in such a manner that I will maintain my mental health. I consent to community treatment, including hospitalization, sub-acute, acute or licensed residential facilities.
6. I understand and agree that even if it is not my fault or the result of any specific violation of conditional release that I may be returned to a state hospital if my mental health deteriorates.
7. I agree to sign a Release of Information in order to provide the Psychiatric Security Review Board and/or any conditional release supervisor/treatment provider with any and all information and records regarding my mental health and compliance with the conditions of release. I understand that the failure to release such information to the Psychiatric Security Review Board may be grounds for revocation of my release.



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8. I agree not to operate a motor vehicle until such time as my case manager in the community and the Board approve the request. Before the privilege to drive will be granted, I understand that I must provide the following information: (a) a valid Oregon driver's license, (b) valid registration for the automobile I shall be operating, and (c) insurance in keeping with the laws of the State of Oregon. I understand that should the Board approve of my request to operate a motor vehicle, it is a privilege and not a right. The continuation of the privilege is dependent on maintaining a healthy mental status and abiding by all traffic laws and regulations. If my treatment providers develop concerns about my ability to drive, permission to operate a motor vehicle may be withdrawn and notification of this action sent to the Psychiatric Security Review Board and the Oregon Department of Motor Vehicles.

9. If I reside in a Home and Community-Based Services (HCBS) setting: (a) I understand the HCBS rights afforded me in the HCBS setting, and (b) I consent to and understand that some HCBS rights may be limited by the Psychiatric Security Review Board due to my conditional release plan and as identified in my person-centered service plan and personal care plan.

I HAVE READ OR HAD READ TO ME AND UNDERSTAND AND ACCEPT THE CONDITIONS OF RELEASE UNDER WHICH I HAVE BEEN RELEASED BY THE BOARD. I AGREE TO ABIDE BY AND CONFORM TO THEM AND FULLY UNDERSTAND THAT MY FAILURE TO DO SO MAY RESULT IN REVOCATION OF MY CONDITIONAL RELEASE BY THE BOARD.

Signature of PSRB Client: _____

Date: _____

Signature of Guardian, if applicable: _____

Date: _____