

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:  
CRIMINAL JUSTICE SYSTEM REFERRAL

I, \_\_\_\_\_, \_\_\_\_\_ authorize:  
(Name of Defendant) (Date of Birth)

Midland County Community Supervision and Corrections Department

Permian Basin Community Centers

Woody Leverett, or temporary or permanent replacement

Midland County District Attorney's Office

Judge/staff of 238<sup>th</sup> District Court

Saluda Health

\_\_\_\_\_

to communicate with and disclose to one another the following information (nature and amount of the information as limited as possible):

Medical records, psychiatric evaluations and diagnosis, psychosocial history, psychological reports, urinalysis results, attendance or nonattendance of court ordered appointments, defendant's cooperation with treatment, defendant's progress in treatment, and defendant's prognosis.

The purpose of the disclosure is to inform the person(s) listed above of my attendance and progress in treatment.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.F.R. Parts 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

The defendant's successful completion of or termination from the mental health court program or further court order, whichever shall first occur.

I understand that I might be denied services if I refuse to consent to a disclosure for purposes or treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I recognize that my Status Hearings are held in an open and public courtroom and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in mental health court. I specifically consent to this potential disclosure of third persons.

**I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, that such action is grounds for immediate termination from mental health court.**

**I have been provided a copy of this form.**

**I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol and am competent to understand my rights and execute this Consent. I fully understand my rights and I am signing this Consent voluntarily.**

Dated: \_\_\_\_\_

\_\_\_\_\_  
Signature of Mental Health Court Participant

Witness: \_\_\_\_\_

\_\_\_\_\_  
(position)

**PROHIBITION ON RE-DISCLOSURE  
OF CONFIDENTIAL INFORMATION**

This notice accompanies a disclosure of information concerning a client in alcohol/drug treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by federal confidentiality rules (42 C.F.R. 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 C.F.R. Part 2. A general authorization for the release of medical or other information is **NOT** sufficient for this purpose. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.