

**BOONE COUNTY, MISSOURI
MENTAL HEALTH COURT
CONSENT TO RELEASE INFORMATION
To Significant Others**

I, _____ (client), hereby consent to communication between the Mental Health Court Coordinator and _____ (family member or significant person/ relationship to participant).

The purpose of, and need for this disclosure is to verbally inform significant others of the participant's physical location in order to coordinate transportation, living arrangements, visiting, and other logistic requirements with the participant. (Please specify exactly information to be released – court dates, legal issues, admission to Mental Health Court, progress in treatment, diagnosis, etc.)

Disclosure of this confidential information may be made only as necessary for, and pertinent to Mental Health Court.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Mental Health Court, such as the discontinuation of all court supervision upon successful completion of the Mental Health Court requirements or upon sentencing for violating the terms of my Mental Health Court participation.

I understand that any disclosures made in reliance here on, is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of substance abuse patient records. Under this rule the recipient of this information may disclose it only in connection with his or her official duties.

Effective _____ and expires _____.

Date _____ Signature of Defendant _____

Date _____ Signature of Witness _____