

VETERANS TREATMENT COURT CONSENT TO RELEASE INFORMATION

I, _____ (Client), authorize the Thirteenth Judicial Circuit of Missouri and the Veterans Treatment Court Team, my Defense Counsel, _____ (name, firm), Missouri Board of Probation and Parole and its representatives, Job Point Inc., Burrell Behavioral Health Services, New Horizons, Reality House, McCambridge Center, Columbia Police Department, Boone County Sheriff, Boone County Jail, University of Missouri Police Department, New Horizons, Daybreak, Boone County Prosecuting Attorney's Office, Office of State Courts Administrator, Phoenix House Programs, Columbia Housing Authority, Harry S. Truman Veteran's Hospital, Kilgores Pharmacy, Avertest Drug Testing, Boone County Adult Court Services, Vocational Rehabilitation,

and _____ (agency/person)

to communicate with and disclose to one another the following information:

- | | |
|--|---|
| <input type="checkbox"/> My name and other personal identifying information | <input type="checkbox"/> Attendance in alcohol/drug treatment and Veterans Treatment services |
| <input type="checkbox"/> My status as a patient in (alcohol and/or drug) treatment | <input type="checkbox"/> Discharge plans for alcohol/drug treatment and Veterans Treatment services |
| <input type="checkbox"/> Initial and subsequent evaluations of my service needs | <input type="checkbox"/> Date of discharge from alcohol/drug treatment and Veterans Treatment services and discharge status |
| <input type="checkbox"/> Summaries of alcohol/drug and Veterans Treatment assessment results and history | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> Summary of alcohol/drug treatment and Veterans Treatment service plans, progress and compliance | |

The purpose of and need for this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptance into Veterans Treatment Court, all my diagnoses (mental illness, substance abuse, and all health issues including HIV, Hepatitis, etc), attendance at treatment, cooperation with staff, attitude towards treatment, my benefits from treatment, my prognosis, and evaluation of the Veterans Treatment Court.

Disclosure of this confidential information may be made only as necessary for and pertinent to Veterans Treatment Court.

I understand that my alcohol and/or drug treatment records and Veterans Treatment Court records are protected under the Federal regulations governing Confidentiality and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing 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:

This consent begins _____ and ends _____.

Participation in the Veterans Treatment Court Program is conditioned upon signing the consent form. I understand I will no longer be eligible for the program if I either do not sign the consent or revoke the consent. I understand that generally Veterans Treatment Court may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Signature of Defendant

Date

Signature of Witness

Date