BOONE COUNTY, MISSOURI
DRUG COURT
CONSENT TO RELEASE INFORMATION

I, _____ (client), authorize the Thirteenth Judicial Circuit Court of Boone County, Missouri and the Boone County Drug Court Team, The Boone County Prosecuting Attorney, my Defense Counsel, _____(name, firm), the Public Defender's Office, Missouri Board of Probation and Parole and its representatives, Reality House, Inc., Columbia Police Officer Mike Hayes, McCambridge Center for Women and
_____(agency/person),
and _____ (agency/person),
and _____ (agency/person),
and _____(agency/person),

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

_____ My name and other personal identifying information
_____ My status as a patient in (alcohol and/or drug) treatment
_____ Initial and subsequent evaluations of my service needs
_____ Summaries of alcohol/drug and mental health assessment results and history
_____ Summary of alcohol/drug treatment and mental health service plans, progress, and compliance
_____ Attendance in alcohol/drug treatment and mental health services
_____ Discharge plans for alcohol/drug treatment and mental health services
_____ Date of discharge from alcohol/drug treatment and mental health services and discharge status
_____ OTHER _____

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 Drug Court, all my diagnosises (mental illness, substance abuse, and all health issues including HIV, Hepatitis, etc.), attendance at treatment, cooperation with the staff, attitude towards treatment, my benefits from treatment, my prognosis, and evaluation of the Drug Court. No information used or disclosed in evaluating the program will be identifiable to a particular individual.

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

I understand that my alcohol and/or drug treatment records and mental health 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 (HIPPA), 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:

_____

(Specification of the date, event or condition upon which this consent expires)

Participation in the Drug 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 _____(name of program) 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.

Date _____ Signature of Defendant _____

Date _____ Signature of Witness _____

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