

Consent for Disclosure of Confidential Information

As part of my participation in the 29th Judicial District Mental Health Court, I hereby consent to communication between, the Mental Health Court Judge, Office of the District Attorney General, Defense Attorney / Public Defender, Treatment Court staff, Substance Abuse and/or Mental Healthcare Providers, Tennessee Department of Mental Health and Substance Abuse Services, Reconnect, Dyersburg City Police Department, Dyer and Lake County Sheriff's Department, Treatment Team Members, City Court Clerks and/or Judicial Representatives, University Student Interns, my Probation Officer(s), and the following individuals:

The purpose of and need for this disclosure is to inform the Court and other above-named parties of my eligibility and/or acceptability for the Mental Health Court program and my attendance, prognosis, compliance, and progress in accordance with the Mental Health Court monitoring criteria.

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 discontinuation of all Court and/or probation supervision upon my successful completion of the Mental Health Court requirements or upon sentencing for violating the terms of the Mental Health Court Program.

If applicable, please initial the appropriate blank in the following statements:

1. Alcohol or Drug Treatment Records and Mental Health Records.

I DO _____ I DO NOT _____ authorize the use or disclosure of substance use treatment records and mental health records. I understand that these records are protected under federal regulations (42 CFR Part 2). I understand that I have the right to refuse to release this information.

2. HIV status. I DO _____ I DO NOT _____ authorize the release of HIV test results for the purpose set forth above.

3. I DO _____ I DO NOT _____ authorize the 29th Judicial District Mental Health Court to use my picture, my name, and any video recordings in which I voluntarily participated in. These may be used for informational videos, social media, newsletters, the Mental Health Court website, or other public events during and after my time in the program.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs confidentiality of substance abuse patient records, and by Part 46 of Title 45 of the Code of Federal Regulations, which governs the protection of human subjects, and that recipients of this information may redisclose it only in connection with their official duties. A photo static copy of this authorization shall be considered as effective and valid as the original. I hereby authorize the 29th

Judicial District Mental Health Court or any of its staff to use or to disclose, by any acceptable means, including fax or email, my Protected Health Information.

Printed Name of Participant

Signature of Participant

Date

Michael Walton
Printed Name of Coordinator

Signature of Coordinator

Date

Printed Name of Mental Health Court Case Manager

Printed Name of Mental Health Court Case Manager

Date

Email to: 29thcasemanager@gmail.com