

**BANNOCK COUNTY MENTAL HEALTH COURT - CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_, hereby give my permission for an ongoing exchange of information among \_\_\_\_\_,

Treatment provider (s)

and the following individuals and agencies working together in the Bannock County Mental Health Court

- Mental Health Court Presiding Judge
- Prosecuting Attorney or Deputy Prosecuting Attorney
- Public Defender / other Defense Counsel
- Misdemeanor Probation Staff
- Mental Health Court Coordinator / Mental Health Court Staff
- Local law enforcement agency personnel, in their capacity as a mental health court team member
- Idaho Department of Correction Probation or Pre-sentence staff
- Other service agencies who are providing services to participants of this court
- My victim(s), to the extent my information is in the pre-sentence investigation report
- Department of Health and Welfare and its substance abuse management contractor
- National Alliance on Mental Illness
- Joshua D. Smith Foundation
- Vocational Rehabilitation

and also \_\_\_\_\_  
Name of Person Relationship

The purpose of, and need for, this exchange of information is to provide information about my eligibility for and participation in mental health court, about the treatment I need, and about my progress. The information to be exchanged may include information about my diagnosis, treatment plan, treatment attendance, program compliance, progress, and prognosis related to each mental health court phase of participation. This information will allow the team to plan and coordinate the services I need, to impose appropriate sanctions or incentives for my behavior, to submit billings for my services, to maintain data about me, and to audit, evaluate, or conduct research about mental health court activities and effectiveness. It will also allow any persons named in this consent (such as family members) to be involved in my mental health court activities. I further understand that some or all of this information will be discussed in open court, where any person in the courtroom, including approved visitors, may hear the information. The nature of the information to be shared will include, but is not limited to: medical history, including current assessments, diagnosis, treatment and medications, arrest and prior criminal record, risk and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug test results, progress reports, reports of program compliance and other related behavior, and recommendations for services, sanctions, and incentives.

Disclosure of this otherwise confidential information may be made only as necessary for, and pertinent to, hearings, case planning, treatment and/or reports concerning the above referenced Case Number. No person, other than as listed above, will have access to this information without my further consent.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the mental health court for the above referenced case, either by my successful completion of the mental health court requirements OR upon sentencing for my original offense, if I am terminated from mental health court, OR upon written revocation. I understand that revoking this consent will result in my termination from mental health court. I agree that the disclosure of the above information, prior to mental health court termination, sentencing, and / or revocation of this consent shall not be a breach of my right to confidentiality.

I understand that any disclosure made regarding substance abuse treatment is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties, and only with respect to these particular criminal proceedings.

\_\_\_\_\_  
Date Defendant Printed Name Defendant Signature

**Notice to Receiving Person or Organization: Prohibiting Redisclosure w/o Consent**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse 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 the information to criminally investigate or prosecute any alcohol or drug abuse patient.