



VETERANS TREATMENT COURT

Chattanooga / Hamilton County



Consent for the Release of Confidential Information to The Veterans Administration

I, _____ authorize Hamilton County
(Participant Name)

Veterans Treatment Court (VTC) Program staff to disclose to: the Veterans Administration the following information:

- a. My status in the Veterans Treatment Court
- b. Known or disclosed history of substance abuse
- c. My arrest history
- d. Assessment results relevant to my treatment with these providers

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any even this consent **expires automatically** as follows:

Upon completion of, or release from the Veterans Treatment Court.

(One year from date below unless otherwise specified)

Signature of Client

Date

VTC Staff Signature

Date