

## Consent for the Release of Confidential Information to the Treatment Court Team and Providers

I understand that the Veterans Treatment Court (VTC) is a treatment court and in accordance with standard practice, information about me will be shared among various members of the treatment court team.

Information is shared both by email and verbally, both before and during pre-court staffing. Information shared may include psychological and substance abuse assessments, participation in court-ordered treatment, urinallysis results and other information relevant to my compliance with VTC requirements.

The purpose of sharing information is to assist all members of the team in developing a clear and accurate understanding of my treatment and legal needs, as well as my progress toward meeting requirements of the Court.

I, \_\_\_\_\_\_ authorize Hamilton County

(Participant Name)

Veterans Treatment Court (VTC) Program staff to disclose information described above to staff members representing the: Veterans Administration, District Attorney's Officer, Probation Office, Pre-Trial services, Public Defender's Office and appropriate community treatment providers.

I understand that any record related to substance abuse and treatment 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 signing this written consent unless otherwise provided for in the regulations. I also understand this consent expires automatically ninety (90) days after my discharge form the Veterans Treatment Court Program.

Signature of Client	Date	
VTC Staff Signature	Date	