



VETERANS TREATMENT COURT
Chattanooga / Hamilton County



Grievance Procedure Acknowledgement

Participant Name: _____

By signing below, I acknowledge that I have been informed if the Hamilton County Veterans Treatment Court Grievance Procedure and Ethics policy and understand what steps I can take if I am concerned about the services I am receiving.

By Signing below, I acknowledge that my HIPPA and confidentiality rights have been explained to me and I understand the following:

1. My personal health information will exist only in a locked cabinet in a locked office belonging to the Hamilton County Veterans Treatment Court at the Family Justice Center or Edney Innovation Center.
2. My personal health information can only be accessed by the Veterans Treatment Court Team as needed.
3. Information regarding my participation in Hamilton County Veterans Treatment Court will only be released at my request with a signed Release of Information or by Court Order.
4. Exceptions to these rules are:
 - A) Hamilton County Veterans Treatment Court determines you are a danger to yourself or someone else.
 - B) You relay information about the abuse of a child, elderly person, or a disabled individual who may require protection.
 - C) We receive an order by a judge to disclose information.

Participant Signature

Date

HCVTC Staff Signature

Date