

**IN THE CRIMINAL COURT OF HAMILTON COUNTY, TENNESSEE**

|                     |   |                 |
|---------------------|---|-----------------|
| STATE OF TENNESSEE, | ) |                 |
|                     | ) |                 |
| <i>Plaintiff,</i>   | ) | SECOND DIVISION |
|                     | ) |                 |
| vs.                 | ) |                 |
|                     | ) | NO(s).          |
| _____               | ) |                 |
|                     | ) |                 |
| <i>Defendant.</i>   | ) |                 |

**CONSENT FOR COMMUNICATION REGARDING AND DISCLOSURE OF  
OTHERWISE CONFIDENTIAL TREATMENT INFORMATION AND PROGRESS  
IN THE HAMILTON COUNTY DRUG RECOVERY COURT**

I, the defendant in the above case(s), hereby consent to communication and disclosure of information pertaining to my evaluation for, admittance into, and participation while in the Drug Recovery Court Program, as well as any information pertaining to treatment I receive during the Program, including my identifying information, my mental health, psychiatric, and medical information, my diagnoses, my urinalysis and other substance testing results, my attendance or lack of attendance at treatment sessions and appointments, my cooperation with treatment, my progress in treatment, and opinions concerning my prognosis, my child-welfare records, my employment records, my school records and/or my criminal history records between the Hamilton County Drug Recovery Court, in and for the Eleventh Judicial District of Tennessee, and any of the following parties:

- Hamilton County Drug Recovery Court Team Members, including the Drug Recovery Court Coordinator, Drug Recovery Court Case Managers, Staff employed by the Drug Recovery Court, and including treatment, judicial, legal, law enforcement, community correction and probation members of the Drug Recovery Court team
- Parkridge Valley Hospital
- Mending Hearts, Inc.
- Buffalo Valley, Inc.
- Council for Alcohol & Drug Abuse
- Defendant’s Employers
- Defendant’s Immediate Family Members
- University of Tennessee at Chattanooga
- Chattanooga State Community College
- Department of Veterans Affairs
- Veterans Health Administration
- Hamilton County Circuit Court
- Hamilton County Criminal Court
- Hamilton County Juvenile Court
- Hamilton County Child Support Court

Services (CADAS)

- Office of the District Attorney General for the Eleventh Judicial District
- Office of the Public Defender for the Eleventh Judicial District
- Medical Treatment Providers
- Psychological Treatment Providers
- Morgan County Recovery Court
- Chattanooga Police Department
- Hamilton County Sheriff's Office
- Tennessee Department of Correction, including Probation and Parole
- Hamilton County Probation and Community Corrections
- Georgia Department of Corrections, including Probation and Parole

The Drug Recovery Court Team, treatment providers listed above, and any other person or entity listed above to be privy to my information may exchange information including, but not limited to, the following information:

- Medical History
- Medical Examinations
- Mental Health Examinations
- Psychological Information
- Psychiatric Information
- Reports
- Treatment or Test Results
- Consultations
- Surgical Reports
- Hospital Records
- Ambulatory Records
- Billing for Services/Treatment – evaluations, assessment results/history, service plans, progress, discharge plans, date of discharge and status
- Laboratory Reports
- Entire Records on File
- Immunizations
- X-ray Reports
- Prescriptions
- Disabilities
- Sexually Transmitted Diseases
- Alcoholism
- Drug Abuse/Addiction
- Legal Information
- Intake assessment
- Progress toward goals
- Name and other personal identifying information

The purpose of this release is to allow the Drug Recovery Court to receive and/or disclose information pertaining to: the diagnosis, treatment, medications, testing results and information relating to my physical or mental health condition; the status of any existing child-welfare action I am involved in; the status of my current or previous employment; the status of my educational pursuits; and the details of any prior criminal history that may not have been provided to the Drug Recovery Court prior to my acceptance.

This information is necessary to further enable my successful participation in the Drug Recovery Court Program, and this information may be released orally, in writing, by fax, or by electronic methods. However, disclosure of my confidential information may be made only as necessary for, and pertinent to, hearings, reports, and/or further diagnosis and treatment of me and concerning the resolution of the above charge(s).

I understand that this consent will remain in effect until either I have revoked this consent or there has been a formal and effective termination of my involvement with the Hamilton County Drug Recovery Court Program for the above-referenced case(s) by:

1. The discontinuation of all court and/or probation supervision upon my successful completion of the Drug Recovery Court requirements; OR
2. The sentencing consequences on the above cause(s) for my having been removed from the Drug Recovery Court; OR
3. My voluntary termination of my participation in the Drug Recovery Court Program.

I understand that any Disclosures made are protected under the federal regulations governing Confidentiality and Drug Abuse Patient Records by Part 2 of Title 42 of the Code of Federal Regulations, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

Further, any information exchanged among the Drug Recovery Court Team, my treatment providers, and any other parties hereto may not be used against me in any court other than the Criminal Court for the Eleventh Judicial District of Tennessee should my participation in the Drug Recovery Court Program be terminated for any reason, or upon my successful completion of the Drug Recovery Court Program.

I understand that federal laws and regulations do not protect any information about a crime committed by me either at a treatment facility or otherwise, or against a person who works for a treatment facility or about any threat to commit such a crime. Further, such laws do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that I have the right to inspect my Drug Recovery Court File(s) by making a written request to the keeper of such files. I also understand I will no longer be eligible for the program if I refuse to sign the consent.

I understand that I may refuse consent to the disclosure of information as provided for herein. However, if I refuse consent, or attempt to later revoke consent, I understand that I will not be permitted to participate further in the Hamilton County Drug Recovery Court. However, I will not be denied services if I refuse to consent to a disclosure of information for other purposes.

I recognize that hearings are held in an open and public courtroom and that, as such, it is possible that an observer could connect my identity with the fact that I am in treatment as a

condition of participation in Drug Recovery Court. I specifically consent to this potential disclosure to third persons.

**I acknowledge that I have been advised of my rights, have received a copy of this form and have had the benefit of legal counsel or have voluntarily waived my right to an attorney. At the time of my execution of this consent, I represent that I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this consent voluntarily.**

- By my signature, I **CONSENT** to the release of information contained on this form for use by the requesting agency(cies) , and I understand that any agency or individual using the confidential information or records obtained will take all necessary steps to protect the confidentiality of my identity. I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.
  
- I **DO NOT** consent to the release of information contained on this form for use by the requesting agency(cies). I acknowledge that I have been informed of my rights to refuse to sign this form, and any conditions related to my consent or refusal, and that I am entitled to receive a copy of the signed form.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name of Participant

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Signature of Witness