

Griffin Circuit Adult Felony Drug Accountability Court

Treatment Release of Information Agreement for TTG & Associates, LLC

I, [redacted], do hereby authorize Genna Marie Morris, or any authorized contracted employee of TTG & Associates to release, obtain or discuss the following information:

- Results of Assessments (psychiatric, psychological and/or substance abuse/dependence information)
- Treatment Recommendation, Information, Plan or Progress
- Lab Results
- Medication use/prescriptions
- Suicidal, homicidal or psychotic thoughts, features, intent or actions
- Substance use/addiction history, relapse information or relapse prevention plans
- Compliance, behavior and attitude at group/individual treatment sessions
- Need for emergency treatment or emergency contact
- Court and/or treatment concerns/accomplishments
- DFCS or any other mandated agency

For the purpose of:

- Assessment & Recommendations
- Facilitation of Evaluation
- Coordination of Treatment
- Griffin Circuit Adult Felony Drug Court Contract for court-ordered treatment
- Safety Requirements or Mandated Reporter Requirements
- Other: Substance Abuse/Addiction Information specifically outlined according to state of Georgia

This information may be obtained, released or discussed with the following person(s) or agencies:

[redacted] All employees of the Griffin Circuit Adult Felony Drug Court Team, including Judge, Coordinators, Surveillance, Case Managers, Probation, District Attorney, Public Defender(s), Treatment Providers & Judge's Assistant(s)

[redacted] Any/all clinicians involved in your care at any facility, including jail/rehab centers.

[redacted] Your SO or closest Family Member Name/number:_____.

[redacted] Your Emergency Contact Name/Number (if different from above)_____

[redacted] Your Lawyer/number:_____

[redacted] Your Doctor(s) Names/numbers:_____

[redacted]
[redacted]
[redacted]

I consent to this release of information for 1 year. If I wish to revoke access to any person or agency, I understand it will be reviewed by the court departments. I am aware I waived privacy rights in my contract for Griffin Circuit Accountability Court. I understand my court contract requires I share all life information/events with treatment.

[redacted]

Signature of Client

Date

Signature of Witness

Date