



# Griffin Judicial Circuit Adult Felony Drug Accountability Treatment Court



## CONSENT FOR COMMUNICATION REGARDING AND DISCLOSURE OF OTHERWISE CONFIDENTIAL TREATMENT INFORMATION AND PROGRESS IN TREATMENT COURT

_____ <i>Participant Name</i>	_____ <i>Date of Birth</i>	_____ <i>Social Security Number</i>
_____ Case Number(s)	_____ Offense(s) Charged	

As the Defendant named above, **I hereby consent to Communication and Disclosure** of records pertaining to my admittance into and participation while in the Treatment Court Program, as well as any records pertaining to treatment I receive during the Program, including medical, psychological, substance abuse treatment, counseling, and the like

**between** Genna Marie Morris, Tante Colquitt, John Jones, Nori-Lynn Truscott, Phaedra Boykin, and any new staff not yet named here.  
Talk To Genna & Associates Treatment Team

and the Griffin Judicial Superior Court Circuit, the Griffin Judicial Superior Court Circuit Treatment Court Team Members, my Attorney of Record, Probation and Parole, Surveillance, Choice Labs, Georgia Jails, RSAT, ITF, any clinical rehabilitation or mental health facility or staff member of those facilities recognized, health provider of any kind, as well as these designees, including my next of kin and emergency contact names/numbers:

_____
_____
<i>Family/Next of Kin/Emergency Contact Communications and Disclosures</i>

The Treatment Court Team, Treatment Provider listed above, and any other person listed above to be privy to my information may exchange information including, but not limited to any and all Substance Use/Abuse Information, as well the following:

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

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The purpose of, and need for, this consent to Communication and Disclosure is to inform the Treatment Court Team and all other named parties of my eligibility and/or acceptability for the Treatment Court Program and my attendance, compliance, prognosis, and progress in substance abuse, mental health and other treatment services in accordance with the Treatment Court program's monitoring criteria. **I acknowledge that disclosures regarding my substance use treatment & all records are specifically included in this release.** 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). *Initial Here:* \_\_\_\_\_

I understand that **this consent will remain in effect and cannot be revoked by me** until there has been a formal and effective termination of my involvement with the Griffin Judicial Superior Court Circuit Accountability Treatment Court Program for the above-referenced cause(s) by:

1. The discontinuation of all court and/or probation supervision upon my successful completion of the drug court requirements; OR
2. The sentencing on my plea(s) on the above cause(s) for violating the terms of my Treatment Court and/or probation; OR
3. My voluntary termination of my participation in the Treatment 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 (HIPPA), 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 Treatment Court Team, my treatment providers, and any other parties hereto may not be used against me in another Court of Law should my participation in the Treatment Court Program be terminated for any reason, or upon my successful completion of the Treatment 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 Treatment 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.

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Date

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Printed Name of Participant

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Signature of Participant

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Signature of Witness