



**King County**

# KING COUNTY DRUG DIVERSION COURT SERVICES

516 Third Avenue, Room E-609  
Seattle, WA 98104  
(206) 477-0788 – Fax: (206) 296-7885

## CONSENT FOR THE REDISCLOSURE OF CONFIDENTIAL INFORMATION

### CRIMINAL JUSTICE SYSTEM REFERRAL

I, \_\_\_\_\_ **DOB:** \_\_\_\_\_  
Last Name First Name Middle Initial (MM / DD / YY)

hereby consent to communication between Drug Diversion Court Services whether by phone, mail, FAX or E-Mail, and the agencies listed below:

<input checked="" type="checkbox"/>	Seattle Municipal Court	<input checked="" type="checkbox"/>	DSHS-Dept. of Social and Health Services
<input checked="" type="checkbox"/>	Superior Court	<input checked="" type="checkbox"/>	Department of Children, Youth & Families
<input checked="" type="checkbox"/>	King Co. District Court	<input checked="" type="checkbox"/>	Probation: _____
<input checked="" type="checkbox"/>	Seattle Police Department	<input checked="" type="checkbox"/>	DOC-Department of Corrections
<input checked="" type="checkbox"/>	Defense Attorney	<input checked="" type="checkbox"/>	DPD-Department of Public Defense
<input checked="" type="checkbox"/>	Prosecutor's Office	<input checked="" type="checkbox"/>	Department of Public Health
<input checked="" type="checkbox"/>	Harborview Medical Center	<input checked="" type="checkbox"/>	Dept. of Adult and Juvenile Detention
<input checked="" type="checkbox"/>	Social Security Administration	<input checked="" type="checkbox"/>	Dept of Community and Human Services
<input checked="" type="checkbox"/>	Sound	<input checked="" type="checkbox"/>	Therapeutic Health Services
<input checked="" type="checkbox"/>	Veteran's Administration	<input checked="" type="checkbox"/>	WELD Seattle
<input checked="" type="checkbox"/>	DJA-Dept of Judicial Admin	<input checked="" type="checkbox"/>	Kate's House
<input checked="" type="checkbox"/>	Peer Washington	<input checked="" type="checkbox"/>	AAHAA
<input checked="" type="checkbox"/>	All DBHR approved treatment agencies	<input checked="" type="checkbox"/>	Cordant Lab
<input checked="" type="checkbox"/>	Housing Placement: _____		
<input checked="" type="checkbox"/>	Other (specify): _____		
<input checked="" type="checkbox"/>	Personal Contact (specify): _____		

Concerning the following: alcohol/drug use; urinalysis and breath analysis results; oral swab results; alcohol/drug services governed by 42 CFR Part 2, mental health services governed by RCW 71; medical treatment; criminal justice system involvement; psycho-social history; employment; housing; communicable diseases, including sexually transmitted diseases (e.g., HIV/AIDS-related illnesses) and/or: \_\_\_\_\_.

For the purposes of: facilitating continuity of care and to provide treatment progress information to the Drug Court Judge, and/or: \_\_\_\_\_.

**I understand that this consent will remain in effect and cannot be revoked until there has been a formal and effective termination or revocation of my conditional release from confinement, probation or parole, suspension, diversion, deferral or other proceeding under which I was mandated into treatment.**

DATE: X \_\_\_\_\_ X \_\_\_\_\_  
Participant Signature

THIS INFORMATION HAS BEEN DISCLOSED TO YOU FROM RECORDS WHOSE CONFIDENTIALITY IS PROTECTED BY FEDERAL LAW AND PROHIBIT YOU FROM MAKING ANY FURTHER DISCLOSURE WITHOUT SPECIFIC WRITTEN CONSENT OF THE PERSON TO WHOM IT PERTAINS, OR AS OTHERWISE PERMITTED BY SUCH REGULATIONS. A GENERAL AUTHORIZATION FOR THE RELEASE OF MEDICAL OR OTHER INFORMATION IS **NOT** SUFFICIENT FOR THIS PURPOSE.  
FEDERAL REGULATIONS (42CFR, PART 2) Updated 12.28.23