|  |  |
| --- | --- |
|  | **KING COUNTY Family Treatment Court Program**  516 Third Ave. Suite 202.  Seattle, WA 98104  (206) 477-2311 – Fax: (206) 432-3694 |

AUTHORIZATION FOR USE, DISCLOSURE AND REDISCLOSURE OF PROTECTED HEALTH INFORMATION

**I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Last Name First Name Middle Initial (MM / DD / YY)

Voluntarily agree to participate in the King County Family Treatment Court (FTC) program.

As part of my participation in the FTC program I authorize the treatment providers listed in section A below to release and discuss my evaluations for both Substance Abuse Disorder and Mental Health diagnosis and treatment recommendations, treatment records, including my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, my treatment plan, my progress, prognosis and my discharge summary to the persons and entities listed in section B below. I understand that my records may contain information regarding the testing, diagnosis, and or treatment of HIV (AIDS Virus), positive sexually transmitted diseases, drug and/or alcohol abuse, mental illness or psychiatric treatment, and other medical history or health care information.

This information may be shared electronically, via fax, telephone, in written form.

1. Treatment provider(s) authorized to release and discuss records (give complete name and address):

­­­­­­­­**­\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**­

1. Persons and entities authorized to receive records from treatment provider(s) listed in section A:

**X** DCYF **X** CASA

**X** Attorney General’s Office **X** Housing Placement

**X** Superior Court, Family Court Ops **X** All BHRD approved treatment agencies

**X** Defense Attorney **X** Dept. of Public Health/CSO

**X** Valley Cities **X** Social Security Administration

**X**\_\_\_\_\_ Public in attendance **X** FTC and P4P Peer Partners

**X**\_\_\_\_\_ King County Behavioral Health and Recovery Division

**X** Emergency Contact

(specify)

**X**\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(specify)

**X**\_\_\_\_\_ Emergency Contact\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

(specify)

**X** Other (specify)

**X** Other (specify)

I further authorize my treatment providers and all of the persons or entities listed in section B to discuss and re-disclose my treatment records with each other and to discuss and re-disclose my treatment records in FTC staffings and FTC hearings, both of which are open to the public.

The purpose of and need for the disclosure and re-disclosure authorized above is to inform the above named parties of my attendance at and progress in drug/alcohol treatment.

I understand that I may revoke this authorization in writing at any time, and that in any event this authorization expires automatically upon my discharge from the FTC program. I further understand that my revocation of this consent may result in my immediate termination from the FTC program.

I have read and understand this Authorization.

DATE: **X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ X \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Participant Signature

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Witness Signature

**NOTE TO RECEPIENT OF INFORMATION**: This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR, part 2, 45 CFR). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug patient.