



Snohomish County Superior Court Adult Recovery Court

I, _____, _____, hereby consent to communication,
PARTICIPANT'S NAME **DATE OF BIRTH**

disclosure and re-disclosure between members of the **Snohomish County Recovery Court Team**, by any means maintaining confidentiality (such as: mail, phone, FAX, email, or court hearings), and the agency or individual listed below:

Purpose: Disclosure of this confidential information may be made only as necessary for, and pertinent to, court hearings, treatment services and/or progress reports concerning my involvement with Recovery Court.

Information to be disclosed includes (initial all that apply to):

- My name, other personal identifying information and my status as a participant in Snohomish County Adult Recovery Court
- Criminal justice and law enforcement history
- Alcohol/drug and mental health assessment results and history
- Alcohol/drug treatment and mental health service plan(s), progress and compliance
- Attendance in alcohol/drug treatment and mental health services
- Summaries of personal medical information
- Urinalysis and other drug testing results
- Discharge plan(s) for alcohol/drug treatment and mental health services and date of discharge
- Other (*describe*): _____

I understand that I may revoke this consent at any time except to the extent that the program has already acted upon it. I understand that my records are protected under Federal regulation governing Confidentiality of Alcohol and Drug Abuse Records (See Bold Print Below).

Event resulting in expiration of consent: I understand that this consent is effective from the time of my signature and, if not previously revoked, will remain in effect for a period of **ninety days** following formal and effective termination of my involvement with the Recovery Court Program for the above-referenced case, such as the discontinuation of all Recovery Court upon my successful completion of the Recovery Court requirements, OR upon my opting out or being opted out of Recovery Court, OR upon sentencing for violating the terms of my Recovery Court involvement, OR upon my case returning to the trial track.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information are prohibited from further disclosure or re-disclosure unless expressly permitted by the written consent of the person to who it pertains.

Date

Client Signature

Date

Recovery Court Team Member or Designee Signature