Superior Court of the State of Washington
for Snohomish County
Snohomish County Adult Drug Treatment Court

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

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

_____ ☒ Defense Attorney / Assigned Counsel	_____ ☒ Cordant Health Solutions
_____ ☒ Prosecuting Attorney's Office	_____ ☒ Mill Creek Family Services
_____ ☒ Department of Corrections	_____ ☒ Sunrise Services
_____ ☒ Snohomish County Superior Court	_____ ☒ Catholic Community Services
_____ ☒ Snohomish County Sheriff's Department	_____ ☒ Center for Human Services
_____ ☒ Monroe Police Department	_____ ☒ DBHR approved Treatment Providers
_____ ☒ Any and all criminal justice or law enforcement entity or individual with whom I **have had** or **have** contact, including probation/parole office/officer	_____ ☒ American Behavior Health Systems (ABHS), Prosperity & Pioneer Center North (PCN)
_____ ☒ Partnering Drug Treatment Courts and Treatment Service Providers	_____ ☒ Adult Drug Treatment Court Alumni Group
_____ ☒ WA State Department of Children, Youth & Families	_____ ☒ Emergency Contact (_____)
_____ ☒ Administrative Office of the Courts	_____ ☒ I agree to have my photo taken and used for Drug Court purposes
_____ ☒ Snohomish County Human Services	
_____ ☒ Pioneer Human Services & Carnegie Resource Center	_____ ☒ MAT Agency (_____)

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 Drug Treatment Court.

Information to be disclosed includes:

- My name, other personal identifying information and my status as a participant in Snohomish County ADTC
- 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

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 **180 days** following formal and effective termination of my involvement with the Drug Treatment Court Program for the above-referenced case, such as the discontinuation of all Drug Treatment Court upon my successful completion of the Drug Treatment Court requirements, OR upon my opting out or being opted out of Drug Treatment Court, OR upon sentencing for violating the terms of my Drug Treatment 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.

_____ _____
Client Signature Date

_____ _____
Drug Court Coordinator Signature Date