



**Leon County Veterans Treatment Court Consent for Disclosure of Confidential
Veterans Court Mental Health/Substance Abuse Information**

Notice to Patients Pursuant to 42 C.F.R. §2.22

The confidentiality of mental health and alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as having a mental illness or as a drug or alcohol abuser UNLESS:

1. The patient consents in writing.
2. The disclosure is allowed by a Court Order; or
3. The disclosure is made to medical personnel in a medical emergency or to a qualified person for research, audit or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I, _____, (Case #: _____) have read or had explained to me the Notice to Patients pursuant to 42 C.F.R. § 2.22 regarding the disclosure of my treatment information and hereby consent to the release of the approved treatment information between the following individuals and/or entities:

- **The Leon County VTC (all members of the Treatment Team); the VA; and any outpatient or inpatient substance abuse treatment program or facility to which I may be referred or in which I may participate during my enrollment in the VTC.**

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptability for treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the VTC monitoring criteria.

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 VTC program for the above referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the VTC requirements OR upon my discharge from the program or the imposition of my sentence following my termination from the VTC for failure to comply with program requirements.

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 patient records and that recipients of this information may re-disclose it only in connection with official duties.

Veteran

Date

Witness

Date