

# King County District Court

## MHC RELEASE OF INFORMATION

I, \_\_\_\_\_, DOB \_\_\_\_\_ authorize

Valley Cities Counseling (VCCC) and the King County District Court Probation Division Assigned to King County District Mental Health Court to disclose and obtain information from the following agencies:

- ☐ -King County Jail Psychiatric Services 500 5<sup>th</sup> Ave. Seattle, WA 98104
- ☐ -King County Jail Health Services 500 5<sup>th</sup> Ave. Seattle, WA 98104
- ☐ -King County District Court 516 3<sup>rd</sup> Ave. Seattle, WA 98104 & The Associated Counsel for the Accused
- ☐ - \_\_\_\_\_
- ☐ - \_\_\_\_\_

This authorization applies to the following types of information;

- **Mental Health Diagnosis and Treatment**
- **Medical Diagnosis and Treatment**
- **Jail/Custody data**
- **Alcohol and Drug Abuse Treatment**

I understand that this information is protected under RCW 70.96A and federal law 42 CFR, Part 2.

- **Other** \_\_\_\_\_

The above information will be used by the King County District Mental Health Court for the purposes of (a) coordinating treatment services; (b) providing referral information; and (c) monitoring for compliance with a treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment.

I understand that my records may be confidential, depending on the information contained in them, under one or more of the following statutes or regulations:

Medical Records (including mental health records)- RCW 70.02;

Drug or Alcohol Treatment Records- RCW 70.96A.150 an/or Code of Federal Regulations, Title 42, Volume1 Part 2.

I understand that medical records and drug and alcohol treatment records generally cannot be disclosed without my written consent. This authorization is valid for the duration of the court's supervision/monitoring period in Case #\_\_\_\_\_.

I waive my durational limits and any revocation rights that might otherwise apply to this release.

\_\_\_\_\_  
Signature of client

\_\_\_\_\_  
date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
date