

**Westchester Mental Health Court
New York State Supreme Court - Westchester County Criminal Term**

Ongoing Release of Confidential Information

I, _____, have agreed to participate in the Westchester Mental Health Court Program. I understand that I am required to accept treatment, housing, case management and/or other services in order to participate in this program and that these treatment and other services are described in my court-mandated treatment plan.

I understand that information regarding my attendance and progress in treatment is protected by federal and state law and regulations.* As a condition of participating in the Mental Health Court program, however, I will waive these protections as provided in this release.

I authorize the staff of the Westchester Mental Health Court and the providers of the services described in my treatment plan to release and share information with each other and with my attorney, the Mental Health Court judge, the Westchester County District Attorney's Office and, if applicable, the Westchester County Department of Probation and the New York State Division of Parole regarding my treatment plan, diagnosis, previous outpatient treatment and/or hospitalizations, medications or other rehabilitation efforts as well as my progress in treatment, medication compliance, attendance and degree of participation in treatment programs and other services described in my treatment plan, compliance with the rules of any programs or services described in my treatment plan, dates and results of urinalysis or blood testing, prognosis and termination or completion of described in my Court-mandated treatment plan. If I am requested to sign additional consents, waivers or releases authorizing them to disclose or share any information related to the treatment plan or my participation in the Westchester Mental Health Court program, I will do so.

The reasons this information needs to be released and shared are:

- to allow the staff of the Westchester Mental Health Court and the providers of treatment and other services described in my treatment plan to coordinate treatment and services with each other;
- to enable the judge and staff of the Westchester Mental Health Court, my attorney, the Westchester County District Attorney's Office and, if applicable, the Westchester County Department of Probation and the New York State Division of Parole to monitor whether I am in compliance with all of the terms of the order issued by the Westchester Mental Health Court judge, the contract between me and the Westchester Mental Health Court judge, and the Westchester Mental Health Court Program Participation Guidelines;
- to enable the staff and the judge of the Westchester Mental Health Court to make informed decisions regarding ongoing treatment planning, my continuing participation in the Westchester Mental Health Court program and the outcome of my criminal case.

My consent for the release, sharing and re-disclosure of the information described above is limited to these purposes. I understand that the recipients of this information may use it only in connection with their official duties and with respect to the terms of my Mental Health Court-mandated treatment plan.

I understand that the information released and shared may result in modifications to the terms of Court orders and/or mandates and/or terms of my participation in a treatment program or other services. I also understand that this information may affect the outcome of pending criminal matters or the conditions of my release pending criminal proceedings or sentencing.

I understand that this consent to release and share confidential information is required for me to participate in the Westchester Mental Health Court program. This consent will remain in effect and cannot be revoked by me until I have completed the Court-mandated treatment plan or have voluntarily withdrawn or been terminated from the Westchester Mental Health Court program.

Signature of Defendant/Client

Date

Signature of Attorney/Witness

Date

*These laws and regulations include 42 U.S.C. §290dd-2, 42 C.F.R. Part 2, "Confidentiality of Alcohol and Drug Abuse Patient Records", and New York State Mental Hygiene Law §33.13.