



Rutherford County, Tennessee

16th Judicial District Recovery Courts

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LaChelle Ricks, Recovery Courts Director

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AUTHORIZATION FOR RELEASE OF INFORMATION

NAME _____ DOB _____ SS# _____

I hereby authorize the release of the following specific information:

** include how much and what kind of information may be disclosed, including an explicit description of substance use disorder information that may be disclosed; must be limited to that information necessary to carry out stated purpose.*

YES NO (All items must be initialed yes or no)

- ___ 1. Medical history, examination, lab tests and treatment reports, medication history; which includes access to Controlled Substance Monitoring Database for the duration of participants involvement with the Recovery Court Program
- ___ 2. Psychological test reports
- ___ 3. Psychiatric evaluation reports
- ___ 4. Social history, including family, education, employment, arrest and substance use history
- ___ 5. Summary of previous mental health and/or A&D treatment
- ___ 6. Periodic reports of current treatment progress, including attendance, participation and drug screen results
- ___ 7. Verification of admission / discharge
- ___ 8. Other (specify) _____

FROM / TO:

Rutherford Co. Recovery Courts
(Includes Mental Health Court, Veterans Treatment Court, DUI Court & Drug Court)

FROM / TO:

NAME: _____
AGENCY: _____
ADDRESS: _____
PHONE: _____ FAX: _____

I understand that this information will be used for the following purposes: *(should be as specific as possible)*

YES NO (all items must be initialed yes or no)

- ___ 1. To develop a diagnosis, treatment and/or rehabilitation plan
- ___ 2. To coordinate medical, psychological and social services
- ___ 3. To determine present and future eligibility for probation, parole, bail bond, pre-trial release or other diversion process within the criminal Justice system
- ___ 4. To advise family and/or referring agency/party of treatment process
- ___ 5. Other (specify): _____

I understand that this information may be released in the following forms:

___ Verbal ___ Written ___ Fax ___ Scan/Email ___ Other (specify): _____

I understand my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.R.F. Pt 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPPA), 45 C.R.F. Pts. 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent in writing at any time except that action has been taken in reliance on it, and that in any event this consent expires after **1 year; other (specify)** _____.

Or under the following conditions: **refusal / denial / Graduation/Termination from Recovery Court Program.**

I understand that generally the Rutherford County Recovery Court Program does not condition my treatment on whether I sign a consent form, but in certain limited circumstances I may be denied treatment if I do not sign a consent form. I also acknowledge that upon request a copy of this release will be provided.

SIGNATURE OF PARTICIPANT: _____ **DATE:** _____

STAFF WITNESS: _____ **DATE:** _____

PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a client as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any client with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.