

IN THE MUNICIPAL COURT OF THE CITY OF SEATTLE

VTC RELEASE OF INFORMATION

[,	, DOB authorize the (VA)
Court Liaison, the Municipal Court Probation Division as	signed to Seattle Municipal Veteran Treatment Court, and
Associated Counsel for the Accused to disclose to and ob-	ain information from the following agencies:
King County Jail Psychiatric Services, 500 5 th Ave, S	eattle, WA 98104
• King County Jail Health Services, 500 5 th Ave, Seattle, WA 98104	
Seattle Municipal Court, 600 5th Ave, Seattle, WA 98	8104 & Associated Counsel for the Accused
Department of Veterans Affairs	
his authorization applies to the following types of inform	
O Mental Health Diagnosis and Treatment	O Medical Diagnosis and Treatment
O Legal issues/ Records O Jail/ Custody D	ata O Alcohol and Drug Abuse Treatment
I understand that this information is protected und	ler RCW 70.96A and federal law 42 CFR, Part 2.
O Other	
•	reatment Court of Seattle Municipal Court for the purpos ferral information; and (c) monitoring for compliance with

- 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;

attendance or non-attendance, progress, prognosis and completion of treatment.

- Drug or Alcohol Treatment Records RCW 70.96A.150 and/or Code of Federal Regulations, Title 42, Volume 1, 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 authorize my defense attorneys and defense social workers to disclose information I have told them for the purposes of determining my competency to proceed to trial.

Signature of client

date

Signature of witness

date