The Municipal Court of Seattle

MHC RELEASE OF INFORMATION

I, _____, DOB _____ authorize the Sound Mental Health (SMH) Court Liaison, the Municipal Court Probation Division assigned to Seattle Municipal Mental Health Court, and The Defender Association to disclose to and obtain information from the following agencies:

- King County Jail Psychiatric Services, 500 5th Ave, Seattle, WA 98104
- King County Jail Health Services, 500 5th Ave, Seattle, WA 98104
- Seattle Municipal Court, 600 5th Ave, Seattle, WA 98104 & Associated Counsel for the Accused
- _____
- _____

This authorization applies to the following types of information, as indicated below:

O **Mental Health Diagnosis and Treatment** O **Medical Diagnosis and Treatment**

O **Legal issues/ Records** O **Jail/ Custody Data** O **Alcohol and Drug Abuse Treatment**

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

O **Other** _____

- The above information will be used by the Mental Health Court of Seattle Municipal Court for the purposes of (a) coordinating treatment service; (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 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