THE MUNICIPAL COURT OF SEATTLE



Mental Health Court RELEASE OF INFORMATION

I,	, DOB			authorize the Sou	und	
Ment	al Health (SMH) Court Liaison, the Municipal Co					
Muni	cipal Mental Health Court, and my defense attorn	eys t	o disclo	ose to and obtain information from	n the	
follov	ving agencies:					
•	King County Jail Psychiatric Services, 500 5th	Ave,	Seattle	, WA 98104		
•	King County Jail Health Services, 500 5th Ave,	Seat	ttle, WA	A 98104		
•	Seattle Municipal Court, 600 5th Ave, Seattle, V	WA 9	98104			
•						
						
	authorization applies to the following types of info					
0		0	Ja11/ (Justody Data		
0	_	0	Aicor	nol and Drug Abuse Treatment		
O I :	Legal issues/Records understand that this information is protected unde	r DC	W 70 0	6A and federal law 12 CED Part	2	
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The a	bove information will be used by the Mental Hea	lth C	ourt of	Seattle Municipal Court for the		
	oses of (a) coordinating treatment service; (b) prov			-	g for	
	compliance with a treatment program, including informing the court of diagnosis, treatment issues,					
partic	ipation in treatment, attendance or non-attendance	e, pro	ogress,	prognosis and completion of		
-	nent. In addition, the above information will be sto	-	-		gated	
to mo	onitor program outcomes.					
	erstand that my records may be confidential, depe		g on the	e information contained in them,		
under	one or more of the following statutes or regulation					
•	Medical Records (including mental health record					
•	Drug or Alcohol Treatment Records - RCW 70.	.96A	.150 an	d/or Code of Federal Regulations	,	
	Title 42, Volume 1, Part 2.					
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	erstand that medical records and drug and alcohol out my written consent.	treat	.ment re	ecords generally cannot be disclos	sea	
witho	at my written consent.					
This a	authorization is valid for the duration of the court	's sur	pervisio	n/monitoring period in case		
#		~ ~ ·-I		F con an annual		
	orize my defense attorneys and defense social wo			close information I have told them	n for	
the pu	irposes of determining my competency to proceed	d to t	rial.			
Ciona	ture of client date			Signature of witness	date	
Signa	ture of client date			Signature of withess	uale	