

Consent for Release of Confidential Information

I, _____ (Name of Participant), _____ (Date of Birth) agree and give permission for the following entities to share written, electronic, and verbal communication of confidential information to support participation in Family Treatment Court.

I consent to reciprocal communication between the Family Treatment Court (FTC) Team, which includes: the judge; FTC coordinator and supervisor; FTC clinician and supervisor; the attorneys for DCF, the children, the non-participating parent(s); DCF employee(s) to the extent they are involved in this case; employees of DCF Substance Use unit; Massachusetts Probation Services (MPS) employees to the extent they are involved in this case, and recovery coach.

In addition, the Family Treatment Court, the participant or the participant's attorney has requested that the following individuals/agencies also be included:

_____, _____,
_____, _____

The purpose of, and need for, this disclosure is to provide collaboration with the above entities regarding my attendance, progress, and attitude toward my evaluation and required treatment, education, or both. The extent of necessary information to be disclosed includes: my statements; my identifying information; my mental health, psychiatric and medical information, including drug and alcohol use, AIDS or HIV status; my diagnoses; my substance use screening results; my attendance or lack of attendance at treatment sessions and appointments; my cooperation with treatment; my progress in treatment; and opinions concerning my prognosis.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning the Family Treatment Court and Care and Protection (CP) case. FTC Team Members are expected to maintain professional and ethical judgement in disclosing information. This consent does not waive confidentiality protections outside the Family Treatment Court/CP case.

I may revoke this consent at any time, except where there has been action taken in reliance upon this release. I understand that if I do revoke this consent, that I will no longer be eligible for Family Treatment Court participation.

I further understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the Family Treatment Court.

I understand that any disclosure made between the above named agencies or individuals is bound by 42 CFR Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164 which are the Code of Federal Regulations governing confidentiality of substance use treatment and medical records, and that recipients of this information may re-disclose it only in connection with their official duties.

I have received a copy of this signed form. I understand that matters regarding my case and compliance will be discussed in in the Family Treatment Court Session with other parties present.

Signature

Date

If you are signing as a personal representative, please describe your authority to act for this individual (power of attorney, healthcare surrogate, etc.).

Witness

Date