

**Valencia County DWI Drug Court
Consent Form for Disclosure, Communication, and Release of Information**

I, _____

Hereby consent to communication between the listed treatment provider(s) _____

_____ and the Judge, prosecutors from the Valencia County District Attorney's Office, the DWI Drug Court Defense Attorney, the Valencia County DWI Drug Court Coordinator, Corrections Department, Local Law Enforcement, DWI Drug Court Program evaluators, and any additional persons, such as family members and employers and or agencies listed which may require information regarding my treatment for substance abuse while enrolled in the Valencia County DWI Drug Court Program. Additional persons or agencies: _____

The purpose of, and need for this disclosure is to inform the Court and other above-named parties of my eligibility and / or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Valencia County DWI Drug Court monitoring criteria. I understand that this information will be shared in open court in reference to my case, and that anyone present in the courtroom will be able to hear this information.

I further understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Valencia County DWI Drug Court Program, such as the discontinuation of all DWI Drug Court and relevant supervision requirements upon my successful completion of community supervision or upon sentencing for violation of the terms of my conditions of supervision.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient (or client) records, and that the recipients of this information may disclose it only in connection with their official duties.

Participant Signature

Date

Witness

Date