

**STATE OF MICHIGAN**  
**12TH JUDICIAL DISTRICT COURT**

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**Multiple-Party Consent for Release of Information**

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Participant's Full Name: \_\_\_\_\_

DOB: \_\_\_\_\_

**I authorize the following parties:**

1. 12<sup>th</sup> District Court Mental Health Court Program
2. Jackson County MDOC probation/parole department
3. 12<sup>th</sup> District and 4<sup>th</sup> Circuit Court probation departments
4. Jackson County prosecutor's office
5. City of Jackson prosecutor's office
6. Jackson County public defender's office or defense counsel
7. LifeWays
8. Henry Ford Hospital's Behavioral Health Services
9. Jackson County Sheriff's Office and Jail
10. City of Jackson Police Department

**To communicate with and disclose to one another the following information**

**INFORMATION TO BE SHARED**

1. Name, address, and other personal identifying information of the participant.
2. 12<sup>th</sup> District Court Mental Health program assessments (LS/CMI, RANT, etc.).
3. 12<sup>th</sup> District Court Mental Health program behavior summaries and updates.
4. Treatment information, including assessments, attendance, progress and compliance reports, treatment plans, and discharge summaries.
5. Drug and alcohol screening, testing, confirmation results, and payment information.
6. Medical and psychiatric health information
7. Reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
8. Health plan or health benefits information.
9. Electronic monitoring information, including compliance and payment information.

**PURPOSE AND USE OF DISCLOSURE**

**The purposes for the disclosures authorized by this form are:**

1. To assess the participant's need for substance use, mental health, or developmental disabilities services and treatment.
2. To provide, manage, and coordinate the 12<sup>th</sup> District Court Mental Health program and

substance use, mental health, and developmental disabilities services and treatment for the participant.

3. To develop a Treatment Plan for the participant.
4. To make dispositional recommendations for a court-involved participant.
5. To monitor payment for services, and establish financial assistance if determined to be necessary.
6. To improve service and treatment outcomes for participants involved in the 12<sup>th</sup> District Court Mental Health Court Program.
7. To monitor my participation in the 12<sup>th</sup> District Court Mental Health Court program and my compliance with the program rules.
8. To provide information for evaluation of the 12<sup>th</sup> District Court Mental Health Court program.

## **RE-DISCLOSURE AND CONFIDENTIALITY**

Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 CFR, parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from re-disclosing information to others. However, substance-abuse treatment information protected by federal law (42 CFR, part 2), shall remain confidential and must not be re-disclosed by the recipient except as authorized by those laws or this authorization<sup>1</sup>. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patients.

## **CONSENT EXPIRATION**

The date, event, or condition upon which consent expires must ensure that consent will last no longer than reasonably necessary to serve the purpose for which it is given. **This consent for release of information shall expire upon my discharge from the 12<sup>th</sup> District Court Mental Health Court program.**

## **REVOCATION**

I understand that I may revoke this consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it. I also understand that I do not have to fill out this form. If I do not fill it out, I cannot participate in the 12<sup>th</sup> District Court Mental Health program, but can still get health insurance, treatment, and other medical benefits from a health care provider. I also understand that if I refuse to consent to disclosure, or attempt to revoke my consent prior to the expiration of this consent such action is ground for immediate termination from the 12<sup>th</sup> District Court Mental Health Court program.

## **CONFIDENTIALITY RIGHTS**

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<sup>1</sup> An individual within the criminal justice system who receives patient information under 42 CFR 2.35 may re-disclose and use it only to carry out that individual's official duties with regard to the patient's conditional release or other action in connection with which the consent was given.

Federal law protects the confidentiality of treatment records under 42 CFR, Section 2.1 through Section 2.67; and Section 290dd-2. This meant that:

1. Treatment information is ordinarily kept confidential.
2. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the 12<sup>th</sup> District Court Mental Health Court program or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
3. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the 12<sup>th</sup> District Court Mental Health team members at a staffing meeting. I understand that if a non-team member is invited to participate in a staffing meeting they must receive my consent prior to observation.
4. It is a crime to violate confidentiality requirements, and the participant may report such violations to Michigan's attorney general at (517) 373-1110.
5. Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances and may include communication with administration and qualified service organizations working with the 12<sup>th</sup> District Court Mental Health program, outside auditors, central registries, and researchers.
6. The restrictions on disclosure and use in the regulations in 42 CFR part 2 do not apply to:
  - a. Communication with law enforcement agencies or officials regarding a crime committed on program premises or against program personnel.
  - b. The reporting under state law of incidents of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the part 2 program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse and neglect.
  - c. Court order signed pursuant to 42 CFR part 2 for release of specific information.
  - d. Disclosure to medical personnel if there is a determination that a medical emergency may be re-disclosed by such personnel for treatment purposes as needed.
  - e. Reporting an immediate threat to the health or safety of an individual or the public to law enforcement if patient-identifying information is not disclosed.

**I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.**

**SIGNATURE CONSENTING TO RELEASE OF INFORMATION**

\_\_\_\_\_  
Participant/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness printed name

**SIGNATURE CONFIRMING PARTICIPANT WAS ADVISED OF  
CONFIDENTIALITY RIGHTS BOTH VERBALLY AND IN WRITING**

\_\_\_\_\_  
Participant signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Staff witness printed name