



IN THE CIRCUIT/COUNTY COURT OF THE 20<sup>TH</sup> JUDICIAL CIRCUIT  
IN AND FOR HENDRY COUNTY, FLORIDA

**GENERAL CONSENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION:**

I, \_\_\_\_\_, \_\_\_\_\_, hereby consent  
(Name of client) (Case Number)

to reciprocal Communication between the Hendry County Drug Court employees, serving as Drug Court coordinators and case managers, and those participating in Drug Court case management conferences and their supervisors, and all Clinicians/Therapists, Medical Doctors, Psychologists/Psychiatrists, drug testing provider, and any other treatment provider, and my attorney of record, to communicate with, share, and disclose to one another all of my substance abuse treatment information including identifying information, mental health, psychiatric, and medical information, diagnoses, urinalysis and other substance testing results, attendance or lack of attendance at treatment sessions and appointments, my cooperation with treatment, progress in treatment, and opinions concerning my prognosis within the specific Drug Court to which I have been referred and/or accepted. The purposes of the disclosure are to assist the above in evaluating and managing my substance abuse and mental health recovery.

The information disclosed to the members of the Drug Court Team shall only be used in connection with my Drug Court case(s) referral, the Drug Court proceedings and the prosecution of my Drug Court case. The information disclosed to the members of the Drug Court Team shall not be used to generate new criminal cases and shall not be used against me as evidence in a new criminal case.

Case information and data will be entered into the Florida Drug Court Case Management System (FDCCMS). The Florida Office of the State Courts Administrator (OSCA) staff have access to the data for purposes of providing administrative oversight, program monitoring and evaluation, and data compliance review. In addition, Advanced Computer Technologies, the OSCA's contracted vendor, has access to the data for purposes of providing web hosting, support, and maintenance for the FDCCMS.

This consent will remain in effect until there has been a formal and effective termination of my involvement with the Drug Court Program for the above referenced case.

I understand that any disclosure made between the above named agencies or individuals is bound by 42 CFR 2.35 and 42 USC 290dd-2, which are the Code of Federal Regulations governing confidentiality of substance abuse patient records, and that recipients of this information may re-disclose it only in connection with their official Drug Court duties. I have received and/or know where I may request a copy of this signed form.

I also understand that I am waiving any HIPAA Rights.



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**I acknowledge that I have received a copy of this form, and I am signing this consent voluntarily.**

\_\_\_\_\_  
Printed Name (Client)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name/Title (Witness)

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date