

FIRST DISTRICT MENTAL HEALTH COURT

INTER-AGENCY AUTHORIZATION FOR USE AND DISCLOSURE OF INFORMATION

Defendant

DOB

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I, hereby authorize the Bear River Mental Health Court Liaison assigned to the First Judicial District Mental Health Court, to obtain from and use and/or disclose information to/from the following entities:

- **Defense Counsel**
- **Cache County Jail, 1225 West Valley View, Logan, UT 84321**
- **Bear River Mental Health Services, Inc., 90 East 200 North, Logan, UT 84321**
- **First Judicial District Court, 135 North 100 West, Logan, UT 84321**
- **Adult Probation and Parole, 1225 Valley View, Logan, UT 84321**
- **Cache County Attorney, 199 N. Main, Logan, UT 84321**
- **Mental Health Court Steering Committee**
- **Bear River Drug and Alcohol**
- **Other:** **Logan Regional Hospital** **McKay Dee Hospital** **Utah State Hospital**

This authorization applies to the following types of information:

- **Mental health / medical information (assessments, diagnostic formulations, treatments, etc.)**
- **Legal, correctional, and custody information**
- **Alcohol and drug abuse treatment information**

The above information will be used by the First Judicial District Court for the purposes of (a) mental health court and related drug court referral activities, (b) coordinating treatment and judicial services; (c) mental health referral and related coordination activities; (d) monitoring for compliance with mental health treatment programs, including informing the court and specified agencies of diagnosis, treatment issues, level of participation, attendance or non-attendance in treatment activities as prescribed and/or recommended, treatment progress and prognosis; and (e) research and statistical documentation for program outcome purposes.

I understand that:

- Disclosure of information to non-health care entities carries with it the potential for re-disclosure such that it may not be protected by federal privacy rules except as otherwise specified under 45 CFR Part 160-164 (HIPAA) and 42 CFR, Volume I, Part 2 (Drug or Alcohol Treatment Records).
- I have the right to revoke this authorization at any time in writing but that the revocation will not apply to information that has already been released in response to this authorization. However, I understand that revocation of this authorization will result in termination from the mental health court program.
- The medical providers to whom this authorization applies may not condition treatment of me based on whether or not I sign this authorization.
- This authorization will be valid for the duration of the court's supervision/monitoring period.

Signature of Defendant

Date

Signature of Witness

Date