

Spokane Regional Mental Health Court Confidentiality Agreement

As a Spokane Regional Mental Health Court Program participant, I agree and authorize the following:

- ◆ I agree and authorize the SRMHC Judge to discuss my Court case and my treatment progress with my case manager and/or probation officer, my treatment providers, and the SRMHC Team outside the courtroom and outside my presence.
- ◆ I authorize my treatment providers to exchange my treatment information with the Court and my assigned case manager and/or probation officer. I further allow the Court and case manager and/or probation officer to disclose that treatment-related information to the SRMHC Team members and other medical, mental health, and/or treatment providers.
- ◆ I agree and acknowledge as part of the SRMHC program I will not disclose to any other person, business, or organization any treatment information I hear regarding another participant during a Court session.
- ◆ I authorize the case manager, probation officer, and the Court to discuss my treatment progress and records during Court sessions. I authorize the case manager, probation officer and treatment provider to disclose the to the SRMHC Judge the results of any urinalysis tests and to have those results discussed in Court.
- ◆ I authorize my sentence judgment and or stipulated order of continuance (SOC) to be placed in the Court file which is open to the public.
- ◆ I understand that this consent will remain in effect and cannot be revoked by me unless there has been a formal and effective termination or revocation of my release by me in writing. I agree I cannot participate in the SRMHC unless all releases remain in effect. I further acknowledge that this release will expire upon my successful completion of the program.

Participant Signature

Date

Defense Counsel

Date

Prosecuting Attorney

Date