



**SPOKANE DISTRICT / MUNICIPAL
MENTAL HEALTH COURT**

P.O. Box 2352
721 North Jefferson, Suite 200
Spokane, Washington 99260-2352
Phone: (509) 477-2230 Fax: (509) 477-2231



**LIMITED AUTHORIZATION TO RELEASE AND EXCHANGE HEALTHCARE INFORMATION
SOLELY FOR DETERMINATION OF ACCEPTANCE INTO THE MENTAL HEALTH COURT**

Patient's Name: _____ Date of Birth: _____

Previous Name(s): _____ Social Security #: _____

I request and authorize the following agencies:

- | | |
|---|---|
| <input type="checkbox"/> Behavioral Assessment Counseling | <input checked="" type="checkbox"/> Spokane County Jail (Mental Health Unit) |
| <input type="checkbox"/> Carlyle Care Center | <input checked="" type="checkbox"/> Spokane County Regional BHO |
| <input type="checkbox"/> Catholic Charities | <input type="checkbox"/> Better Health Together/Consistent Care Program |
| <input type="checkbox"/> CHAS Clinic | <input type="checkbox"/> Spokane County Triage |
| <input type="checkbox"/> Christ Clinic | <input type="checkbox"/> Spokane Falls Family Clinic |
| <input type="checkbox"/> Deaconess Medical Center | <input type="checkbox"/> Spokane Mental Health/ Frontier Behavior Health |
| <input type="checkbox"/> Doctor's Clinic | <input type="checkbox"/> Sunshine Terrace |
| <input type="checkbox"/> Eastern State Hospital | <input type="checkbox"/> Veterans Administration Medical Center: Team Color _____ |
| <input type="checkbox"/> Group Health | <input type="checkbox"/> New Horizons |
| <input type="checkbox"/> Lutheran Community Services NW | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Northwest Behavioral Health Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> Sacred Heart Medical Center | <input type="checkbox"/> Other: _____ |
| <input type="checkbox"/> SPARC | <input type="checkbox"/> Other: _____ |

to release and exchange the healthcare information of the patient named above to the Mental Health Therapeutic Court Team:

**Spokane Mental Health Court Team
Spokane City/County Prosecutor
Spokane City/County Public Defender
City/County Probation**

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This request and authorization applies to:

- Medical Diagnosis and Treatment.
- Alcohol and Drug Abuse Treatment.
- All mental health information: treatment plans, intake evaluations, medications, relevant progress reports.

The above information will be used **only** for providing referral information for potential acceptance into the Spokane Mental Health Court. I understand I do not have to sign this authorization. I understand that at any time I may revoke this authorization; however, the revocation must be in writing: sent to 721 N. Jefferson Suite 200, Spokane WA 99260. I understand the recipient of the above-requested information may re-disclose it **only** for providing referral information for potential acceptance into the Spokane Mental Health Court, at which time it may no longer be protected under the privacy laws.

THIS SECTION MUST BE COMPLETED BY PATIENT:

I understand that my records may be confidential, depending on the information contained in them, under one or more of the following statutes or regulations: Medical Records (including mental health records), RCW 70.02; Drug or Alcohol Treatment Records, RCW 70.96A.150 and/or Code of Federal Regulations, Title 42, volume 1, Part 2 and/or Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.

- Yes No I authorize the release of my alcohol and/or drug test results, whether negative or positive, to the person(s) listed above.
- Yes No I authorize the release of any records regarding drug, alcohol, hospitalization, counseling, evaluations, medical, progress reports or mental health treatment to the person(s) listed above.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES UPON EITHER THE ACCEPTANCE INTO OR DENIAL INTO THE SPOKANE MENTAL HEALTH COURT

Note: This authorization may be photocopied for duplication as necessary for the use in gathering additional information.