



WAIVER AND CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

HENRY COUNTY

ACCOUNTABILITY COURT-Mental Health, Veterans Treatment and Adult Felony Drug Court programs

I, _____, Social Security Number, _____ - _____ - _____,

Date of Birth, _____, Case Number, _____, hereby request and authorize the Henry County Accountability Court to obtain records from the following agencies:

INCLUDES ALL - DO NOT CIRCLE - ADD OTHER PARTIES NOT INCLUDED - MH, FAM. MD, ETC.

- Henry County Jail - Correct Health
Henry County Health Department
Henry Medical Center
Henry County School System
Social Security Administration
Worktech
Georgia Department of Labor
Riverwoods
Veterans Administration
McIntosh Trail Community Service Board
Pine Woods Crisis Stabilization Unit
Henry County Department of Family and Children Services
Southern Regional Hospital
Clayton Center
GA Division of Behavioral Health and Developmental Disabilities
Southern Crescent Behavioral Health Systems

The information so obtained will be used by the Henry County Accountability Court (Adult Felony Drug and/or Mental Health Court) for the purposes of (a) coordinating treatment services; (b) providing referral information; and (c) monitoring compliance with the treatment program...

- Dates of Hospitalization
Discharge Summary
Medical History
Diagnosis
Lab Reports
Hepatitis History
Psychiatric Evaluation
Psychological Reports
Social History
Treatment Plan
HIV/AIDS History
Other:
Progress / Activity Notes
Nursing Assessment
Correspondence
Administrative/Legal Documents
Tuberculosis History

By signing this Authorization I hereby waive any privileges with respect to any information released to HCAC which may include mental health, mental illness, mental retardation, and/or substance abuse information.

By signing below I hereby release the HCAC, its officers, agents and employees from any and all liabilities, damages, and claims which might arise from the release of information authorized above.

IMPORTANT: I understand that my alcohol and/or treatment records and behavior health treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records...

Print Name Signature of Defendant Date

Print Name Signature of Attorney Date