Consent to Release of Information for Veterans Treatment Court

TO: San Mateo County Adult Probation
San Mateo County Mental Health Division
San Mateo County General Hospital
San Mateo County Forensic Mental Health
San Mateo County District Attorney
San Mateo County Superior Court
Maguire Correctional Facility—Medical Records, Mental Health Records
_____, Attorney at Law
United States Department of Veterans Administration
Other:_____

I, _____, hereby authorize any of the above named persons or organizations, to release to my attorney, _____, to San Mateo County Adult Probation, to San Mateo County Mental Health Division, San Mateo County General Hospital, San Mateo County Forensic Mental Health, San Mateo County District Attorney, San Mateo County Superior Court, Maguire Correctional Facility—Medical Records & Mental Health Records, United States Department of Veterans Administration, and to Honorable John L. Grandsaert, Judge of the Superior Court, or their designees, any and all information and/or records from my files held by the individuals or organizations named above relating to my evaluation and treatment for any mental illness or mental health related issues. This includes, but is not limited to, the following records and reports: hospitalizations, correctional, medical, psychological, psychiatric, probation and rehabilitation (including alcohol and drug rehabilitation), consultation reports and/or diagnostic data, medication list, as well as any files prepared in connection with prior civil commitments.

I understand that this information will be used for pending judicial proceedings, and for the determination of my eligibility for the Veterans Treatment Court, and for the determination by San Mateo Mental Health and San Mateo Adult Probation Department of my suitability for receiving such treatment.

I understand that by signing this authorization, I agree that my attorney may further disclose my medical/mental health information in connection with his/her representation of me when he/she deems such disclosure necessary for the adjudication of the legal proceedings, i.e., criminal prosecution, in which I am involved, to-wit: People v. _____, case number(s) _____, now pending in the San Mateo County Superior Court.

I understand that the recipient may not lawfully further use or disclose the health information unless another authorization is obtained from me or unless such use or disclosure is specifically required or permitted by law.

The providers of the information requested shall not condition treatment or payment based on this authorization. I understand that I need not sign this authorization and that if this authorization is not signed, the information shall not be released except when specifically required or permitted by law.

I further understand that I may revoke this authorization at any time by writing to, or otherwise notifying my attorney, or any of the addressees listed above, or the Court, of my desire to revoke this authorization.

I understand that revocation will not apply to information that has already been released in response to this authorization.

You are specifically authorized to photocopy the records mentioned above and to release copies to those named above as authorized recipients. A photocopy of this authorization shall be as valid as the original.

I understand that I have a right to receive a copy of this authorization if I so desire.

This authorization becomes effective on the date of my signature, and expires in one year from that date; however, if I am accepted into Veterans Treatment Court, the release will expire upon termination of the treatment ordered by the Court, or earlier if I execute a revocation in writing.

_____ _____

Date Signature

_____

Print or type name

_____

Social Security Number

_____

Sheriff's Office ID Number

_____ _____

Date Witness Signature

_____ _____

Date Signature for revocation of release

Dated: _____ **_____**

Veteran's Signature