

TUKWILA MUNICIPAL COURT SUPPORT SERVICES

15005 Tukwila International Blvd, Tukwila, WA 98188

Phone: (206) 433-7145

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CRIMINAL JUSTICE SYSTEM RELEASE OF INFORMATION

Defendant: _____ **DOB:** _____

Case # _____ Offense _____
Case # _____ Offense _____
Case # _____ Offense _____
Case # _____ Offense _____

TO DEFENDANT: The Court does not pay for assessments, evaluations, treatment, and/or UA's requested by your treatment provider as part of your treatment program. All costs and fees are the responsibility of the defendant.

YOUR FAILURE TO COMPLETE THE ORDERED EVALUATION AND/OR PROGRAM AND SHOW WRITTEN PROOF OF COMPLIANCE MAY RESULT IN A MOTION TO REVOKE BEING FILED, BEING SUMMONSED INTO COURT, AND THE REIMPOSITION OF SUSPENDED JAIL TIME AND/OR FINES.

DEFENDANT'S CHOICE OF AGENCY:

Purpose of ROI: This release of information is to allow the exchange of documents and information including criminal history, police reports, drug test results, and other information to assist in the evaluation and treatment and supervision of the above named individual. This ROI also allows the treatment agency to disclose intakes, screenings, evaluations, treatment plans; treatment notes compliance/non-compliance reports, drug and alcohol tests, and emergent noncompliance reports.

TO AGENCY: As per order of the Court, the defendant is required to complete the following:

- Substance Use Disorder**
- Substance Use Disorder Evaluation & follow-through with recommendations** (proof of entering TX, monthly status reports, UA results, and discharge/aftercare recommendations).
 - Alcohol/Drug Information School** (Proof of completion/compliance issues during program, UA results, any additional recommendations).
 - DUI Victim Impact Panel**
- Anger Management** (proof of entering treatment, monthly compliance/non-compliance reports, and discharge recommendations)
- Domestic Violence**
- Assessment & follow through with recommendations.**
 - Perpetrator Program** (monthly compliance/noncompliance reports/discharge recommendations).
 - Domestic Violence Moral Reconciliation Therapy** (monthly compliance/noncompliance reports/discharge recommendations).
- Mental Health evaluation/placement in program** (proof of entering TX, monthly status reports, UA results, and discharge/aftercare recommendations).
- HIV Testing/Counseling per RCW 70.24.340**
- Psychosexual Evaluation and follow through with recommendations**, compliance/non-compliance reports, and discharge recommendations.
- Other** _____

Please notify the Court Support Services Department within 30 days if the defendant fails to make contact with your agency or is otherwise delinquent in following through on this referral as indicated. A brief discharge summary upon completion of or termination from, the ordered program is requested.

AUTHORIZATION FOR RELEASE OF CONFIDENTIAL INFORMATION

I authorize a mutual exchange of information between the agency listed above and The Tukwila Municipal Court/Support Services Department and (the agency noted above). Some records may be protected under The Alcohol and Drug Abuse Patient Records, 42 C.F.R, Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. pts 160 & 164 and cannot be disclosed or re-disclosed without my written consent unless otherwise provided for in the regulations (Court order). I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it. Any information regarding diagnosis, treatment participation, or criminal/traffic offense history may be disclosed except on HIV Testing/Counseling. On HIV Testing/Counseling cases only, compliance/non-compliance with the required testing/counseling procedures may be disclosed by the agency. The purpose of this disclosure is to facilitate this referral for evaluation and/or appropriate placement and to allow the Support Services Department to monitor my compliance with the order of the Court imposed in this case. If you the Defendant wish to revoke this release please keep in mind that you have been Court Ordered to provide information as to your evaluation, compliance, and lack of compliance. Revoking this release will result in a lack of evidence of compliance and will result in a motion to revoke which may result in sanctions. **THIS RELEASE OF INFORMATION EXPIRES AT THE END OF JURISDICTION IN THE ABOVE LISTED CHARGE(S).**

_____ I further authorize the court to communicate with the treatment agency by telephone and in open court for the purposes of verifying compliance or the lack thereof.

Defendant _____ **Date** _____