

**W**ILLIAMSON **C**OUNTY **S**PECIALTY **C**COURTS

**CONSENT FORM  
FOR DISCLOSURE, COMMUNICATION, AND RELEASE OF INFORMATION**

I, \_\_\_\_\_, authorize Williamson County \_\_\_\_\_ DWI/Drug Court Program (DDCP) / \_\_\_\_\_ Veterans Treatment Court (WCVTC) (check one) consent to all communications, including verbal between the \_\_\_\_\_ DDCP / \_\_\_\_\_ WCVTC (check one) program treatment team, mental health providers, my Defense Attorney and/or agencies listed which may require information regarding my assessments, recommendations, medications, attendance, compliance, participation, lab/drug screen results and treatment while enrolled in Williamson County \_\_\_\_\_ DWI/Drug Court Program/ \_\_\_\_\_ Veterans Treatment Court (check one).

**ADDITIONAL PERSONS OR AGENCIES:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

I understand that this information may be shared in open court in reference to my case, and that anyone present in the courtroom may be able to hear this information.

I have read and I do understand the above consent for releasing information, and I do sign this authorization for release of information freely, voluntarily and without coercion. I understand that my alcohol and/or drug records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Patient Records, 42 Code of Federal Regulations (CFR) Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 CFR, Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. 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 and that in any event the specification of the date, event, or condition upon which this consent expires is: **1 year from the date signed or discharge from treatment conditions.**

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS'S SIGNATURE

\_\_\_\_\_  
DATE