

STATE OF MINNESOTA

DISTRICT COURT

FIFTH JUDICIAL DISTRICT

State of Minnesota
v.

Case # _____

_____ Charge _____

CONSENT TO RELEASE PRIVATE HEALTH, ALCOHOL/DRUG AND MENTAL HEALTH RECORDS AND INFORMATION

My full name is _____ My date of birth is _____

1. I understand that to be considered for participation in the 5TH Judicial District Veterans Program (Program) I must allow my medical and alcohol/drug treatment providers to furnish information, including mental health, relating to my treatment to any member of the Program including contracted third-party agent Minnesota Assistance Council for Veterans (MACV) for the duration of my participation in the Program, and by signing this agreement I agree to the disclosure of such records and information.
2. I understand that my treatment records are protected under the federal law and regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and 38 U.S.C. 7332, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical records are protected by federal law and regulations. I also understand that my records concerning mental health services I receive are protected by state law. I understand that I may revoke this authorization at any time with a written request, and by doing so, I am choosing to opt out of the Program. **Otherwise, this consent will expire twenty-four months from the date listed below.** I further understand that my records may be transmitted by fax and electronically.
3. I understand that the purpose of releasing this medical and treatment information is for the Program to determine my eligibility for the Program, to determine the proper treatment placements and regiment, and to judge my progress in the Program.
4. I understand that my medical and treatment information may be discussed in the Program where other participants and observers may hear it.
5. I have read this document, or it has been read to me, and I understand its contents. By signing this Consent, I am telling the Court that I understand the rights I am waiving.

DATE _____

Defendant

DATE _____

Defendant's Attorney