**AUTHORIZATION FOR TREATMENT COURT TEAM**

I hereby authorize the Grant County Treatment Court Team, consisting of the Treatment Court Judges, Unified Community Services, Treatment Court Coordinator, Grant County Sheriff’s Department, Department of Corrections, Public Defender's Office, District Attorney's Office, and the Treatment Court Participant's attorney, if any, to be able to communicate information pertinent to the Treatment Court participation to each other. All information discussed during meetings of the Treatment Court Team will be confidential and will not be released to any other parties other than provided in this release without my consent. No information discussed during Treatment Court Team meetings will be discussed with non-team members.

I understand that anonymous information regarding my participation in the Treatment Court Program may from time to time be forwarded to a Treatment Court Evaluator. If at any time my Treatment Court file is made available to the Treatment Court Evaluator, any identifying information obtained by the Treatment Court Evaluator will remain confidential with the Evaluator.

**The purpose for the disclosure is to: Determine suitability for admittance to, participation in, and monitoring of ongoing treatment during the Treatment Court obligation of the Treatment Court Participant.**

From time to time, other people, such as treatment providers, screeners or observers interested in the Treatment Court Program may observe a Treatment Court Team meeting with the understanding that the meetings are confidential. Anyone observing a Treatment Court Team meeting shall sign an acknowledgement of confidentiality.

Date:\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Treatment Court Participant