

**Bernalillo County Metropolitan Court
Defendant's Release of Information and Consent Form**

Defendant's Name: _____ **(Please Print)**
Defendant's Year of Birth: _____
Defendant's Social Security Number: xxx-xx-_____ **(last 4 digits only)**
Metropolitan Court Case No(s). _____

I _____ hereby authorize the Bernalillo County Metropolitan Court ("Court") to furnish and release to _____ ("Provider"), as well as any future providers who have or will have a treating provider relationship with me in connection with the case number cited above the information listed below. I also authorize the Provider to furnish and release and any documents constituting or regarding the information listed below to the judges and officers of the Court as specified in this Release of Information and Consent Form:

_____ My personal identifying information including, but not limited to, my name, age, date of birth, social security number, race, gender, marital status, education, employment status, income, address, phone numbers, and driver's license number;

_____ All protected medical information regarding me, as defined under the Health Insurance Portability and Accountability Act of 1996 (HIPAA), as amended, and under the rules and regulations thereunder, including all protected information from primary and secondary providers, health plans, health care clearing houses, emergency services, financial and administrative transactions, psychotherapy treatment, and business associates;

_____ Information about any current or prior diagnosis, prognosis, or summary of a medical condition or medical treatment regarding me and including, but not limited to, any treatment plan, surgical procedures, lab reports, medical analyses, prescription and non-prescription medication usage, hospital records, including medical reports, investigations, admission sheets, discharge summaries, medical histories, physical examination reports, operative reports, x-ray findings, and similar documents, psychological or psychiatric examinations, care, and reports, behavioral health services, my attendance and cooperation in any treatment or care, recommendations about any continuing care or treatment that I should receive, and any other information about me or that I have provided to the Provider and/or the Court;

_____ All of my substance use disorder information pertaining to any controlled substances and/or alcohol;

_____ All of my medications, including my substance use disorder medications;

_____ All of my lab test results, including results related to my substance use disorder;

_____ Information about any illegal drug usage, alcohol or substance abuse by me; and

_____ Information about my conditions of release or conditions of probation supervision by the Court (collectively referred to as "Sensitive Information").

Individuals authorized to receive from Provider the information listed above:

Presiding Judge: _____ Maria Dominguez _____

Program Manager: _____ Martin Burkhart _____

Assistant District Attorney: _____ Alain Clarke _____

Defense Attorney: _____ Alexandria Allen _____

Other (name and title): _____ Community provider liasons _____

Outreach Court Program Specialist: _____ Tiffany Archuleta _____

_____ I agree or am legally required to be diagnosed, evaluated, and/or treated by the Provider, and I understand that the Provider has agreed pursuant to a contract with the Court to undertake diagnosis, evaluation, and/or treatment of me.

_____ I understand and agree that the purpose of these disclosures is to enable the Court and the Provider, respectively, as Lawful Holders, to track and monitor my treatment and to verify that I am complying with my conditions of release, my conditions of probation, and/or any other order or judgment of the Court.

_____ I understand that I have a right, upon my request, to receive a list of the disclosures of my information made to any individual or entity pursuant to this agreement, during the previous two years.

_____ I understand that my consent in this matter will remain in force until a final disposition of the matter is entered by the Court.

_____ I have been provided a copy of this form.

_____ I further understand and agree that the Court in its discretion may invite judges or representatives of other courts and such other qualified visitors ("Visitors") to observe Court proceedings and/or meetings regarding my treatment so that they might evaluate programs of the Court, conduct scientific research, management audits, and/or financial audits of Court. I therefore consent to the release of Sensitive Information (defined above) to any such Visitors

_____ I further understand and agree that this Release and Consent shall remain in full force and effect until the Court enters a final disposition in this matter. This Release and Consent is subject to revocation at any time after the Court enters a final disposition, except to the extent that the Court or Provider, which is going to make the disclosures, or the recipients who will be receiving the disclosures, has already taken action in reliance on it. I also understand that any disclosure concerning drug and alcohol abuse is subject to 42 C.F.R. Part 2, and that the recipients of this information may only redisclose it in

connection with their official duties, such as for the purpose of conducting scientific research, management audits, financial audits, or program evaluation.

_____	_____
Date	Signature of Defendant
_____	_____
Date	Signature of Witness

Notice to Recipients:

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The Federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.

NOTICE TO DEFENDANT: You may report any suspected violations of these confidentiality rules to the United States Attorney’s Office, District of New Mexico: (505) 346-7274 – P. O. Box 607 Albuquerque, NM 87103.

Use Note
This Form is to be used by a Defendant who is in a Specialty Court or who is otherwise receiving treatment or services from a provider in connection with a case pending before the Court.