

**WINCHESTER-FREDERICK COUNTY  
BEHAVIORAL HEALTH DOCKET  
NOTICE AND CONSENT TO DISCLOSURE OF RECORDS  
PROTECTED UNDER 42 CFR PART 2**

You are receiving this notice because you are participating in the Winchester-Frederick County Behavioral Health Docket Program ("Program"). Federal law and regulations protect the program's records. These regulations generally prohibit the Program from disclosing information, whether recorded or not, which would identify a patient as having or having had a mental health or substance use disorder. Mental Health or substance use disorder information may not be obtained from the Program to initiate or substantiate any criminal drug charges against a patient and generally may not be used to conduct criminal investigations of a patient.

***When Mental Health and Substance Abuse Records May Be Disclosed***

Patient records from the Program may only be disclosed under limited circumstances. The Program generally may only disclose information identifying the patient as having or having had a mental health or substance use disorder: (1) if the patient or a person authorized to act on the patient's behalf provides a written consent to the disclosure; (2) if a medical emergency arises requiring disclosure of patient information to *medical personnel* and the patient's consent cannot be obtained in advance; (3) if Food and Drug Administration personnel require disclosure because an individual may be threatened by an error in the manufacture, labeling, or sale of a product; (4) for the purpose of scientific research; (5) for program audit and evaluation purposes; or (6) pursuant to a court order.

***Violations of Confidentiality of Mental Health or Substance Abuse Program Records***

A program's violation of the federal law and regulations applicable to mental health or substance abuse treatment records is a crime. Suspected violations may be reported, consistent with federal regulations, to: Office of United States Attorney for the Western District of Virginia, Federal Courthouse Building, 116 North Main Street, Room 130, Harrisonburg, Virginia 22802 or to the Substance Abuse and Mental Health Services Administration (SAMHSA) Center for Substance Abuse Treatment (CSAT), 5600 Fishers Lane, Rockville, MD 20857.

***Information Not Protected***

Any information that relates to the commission of a crime on the premises or against facility personnel is not confidential and may be reported to the appropriate law enforcement authorities. Further, any report of suspected child abuse or neglect made by a health care provider to state or local authorities is not subject to the protections under federal law and regulations applicable to mental health or substance abuse treatment records.

## RELEASE OF INFORMATION AND CONFIDENTIALITY

I, \_\_\_\_\_, Date of Birth: \_\_\_\_\_ Social Security Number: \_\_\_\_\_, hereby authorize the release of, exchange of, and disclosure of, the following information to the Winchester-Frederick County Behavioral Health Docket Program (WFCBHD) team, any of its staff and designated team members, my attorney, and the Attorney for the Commonwealth. In addition, I hereby authorize you to discuss any of the following information concerning me with any of the individuals, agents and/or entities set forth herein above.

**Name and address of person/institution releasing information:**

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

**Name and address of person/institution receiving information:** Winchester-Frederick County Behavioral Health Docket Program, 5 North Kent Street, Winchester, VA 22601.

**Check all that apply:**

- |   |  |
|---|--|
| <input checked="" type="checkbox"/> 1. <u>Medical:</u>  | <input checked="" type="checkbox"/> 9. <u>Admission/Intake Summaries:</u>  |
| <input checked="" type="checkbox"/> 2. <u>Educational:</u> (All records and other privileged information)   | <input checked="" type="checkbox"/> 10. <u>Social/Family Information/History:</u>                                  |
| <input checked="" type="checkbox"/> 3. <u>Employment:</u>   | <input checked="" type="checkbox"/> 11. <u>Treatment Recommendations:</u>  |
| <input checked="" type="checkbox"/> 4. <u>Military Records:</u>   | <input checked="" type="checkbox"/> 12. <u>Psychological Evaluations:</u>  |
| <input checked="" type="checkbox"/> 5. <u>Criminal Justice Records:</u> (All records including but not limited to arrest records, police reports and probation records) | <input checked="" type="checkbox"/> 13. <u>Third Party Records:</u>  |
| <input checked="" type="checkbox"/> 6. <u>General Information:</u>  | <input checked="" type="checkbox"/> 14. <u>Discharge Summaries:</u>  |
| <input checked="" type="checkbox"/> 7. <u>Attendance/Referral Information:</u>  | <input checked="" type="checkbox"/> 15. <u>Substance Abuse Treatment:</u>  |
| <input checked="" type="checkbox"/> 8. <u>General Progress Report s:</u>  | <input checked="" type="checkbox"/> 16. <u>Communicable Disease: (List)</u>  |
|   | <input checked="" type="checkbox"/> 17. <u>Other: Substance Abuse and Mental Health Assessment and information</u> |

**NOTE: I understand that my records are protected under the Federal and State regulations governing the confidentiality and the privacy of medical records and protected alcohol and drug abuse health information under 42 C.F.R., Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA") 45 C.F.R., Parts 160 and 164. These records cannot be disclosed without my written authorization unless otherwise provided for by the regulations. I understand that this consent will be effect during the entire time that my case(s) are pending before the Court. I understand that if this authorization is for exchange of information for ongoing service coordination/collection of payment for services, additional information added to my record after today may also be released if included within one of the authorized categories above. I further acknowledge that the information involved was fully explained to me and that this consent is made of my own free will.**

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for the WFCBHD Program, substance abuse treatment services, mental

health treatment services, my treatment attendance, prognosis, compliance and progress in accordance with the WFCBHD Program's monitoring criteria. I understand and authorize the disclosure of and release of information authorized by this release to my attorney and the Attorney for the Commonwealth prosecuting my case.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, my case(s) pending in the General District Courts for the City of Winchester and Frederick County.

I understand that this consent will remain in effect until there has been a formal and effective termination of my involvement with the WFCBHDP for the above-referenced case(s), such as the discontinuation of all court supervision upon my successful completion of the WFCBHD program requirements OR upon sentencing for violating the terms of my involvement with the WFCBHD program. I understand that if I revoke this consent prior to completion of the WFCBHD Program, that revocation will be grounds for termination from the WFCBHD Program.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

I understand the behavioral health docket is required to enter participant and program information into the Virginia Specialty Docket Database as prescribed by the Office of the Executive Secretary. This database is secure and only authorized users have access to the information it contains. The database also maintains all federal confidentiality regulations, so all personal information will be kept private. This information can be used in the future by the Office of the Executive Secretary to track and develop statistics about how well behavioral health dockets work. These summary statistics may be released to the public but will never include any information that identifies individual behavioral health docket program participants. My signature indicates that I give permission to allow my information to be used for the purposes stated above.

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Date

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Name (Printed)

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Signature