

Superior Court of California, County of San Mateo
Authorization to Release Health Records and Information

I _____ understand that I may be eligible for Mental Health Diversion in the San Mateo Superior Court (Court). I further understand that in order for the District Attorney, my Defense Attorney and the Court to determine if I am eligible for a Mental Health Diversion, I must allow my mental health records to be reviewed by the District Attorney, my Defense Attorney, and the Court. By initialing at the end of this paragraph, and signing below, I agree and consent to allow

Name of Treatment Provider (hereinafter "provider")

to disclose my mental health records to the District Attorney, my Defense Attorney, and to the Court for the purpose of determining my eligibility.

Initials: _____

I further understand that if I am determined eligible for Mental Health Diversion, my records and case will be discussed by the members of the Multi-Disciplinary Team (MDT) that handles my case. By initialing at the end of this paragraph, and signing below, I agree and consent to have BHRS disclose my records to that team for the purpose of determining the best course of treatment for me and for the resolution of my criminal case. I further agree and consent to allow the members of the MDT to review my records and to discuss my case with other members of the MDT.

Initials: _____

I further understand that Mental Health Diversion Proceedings are open to the public. I further acknowledge and consent to my case being discussed in open court with the understanding that portions of my mental health and alcohol and other drug record may be discussed before the Court in an open and public session.

Initials: _____

I further understand that BHRS or another provider will regularly file reports with the Court detailing my compliance with my treatment plan and whether or not adjustments are recommended. I further understand that the Court may terminate my participation in Mental Health Diversion for failure to comply with my treatment plan or to make sufficient progress.

Initials: _____

I further understand that a finding that I suffer from a mental disorder, any progress reports concerning my treatment, or any other records related to a mental disorder that were created as a result of participation in, or completion of, diversion or eligibility for diversion may not be used in any other proceeding without my consent unless the information is relevant evidence that is admissible under the standards described in paragraph (2) of subdivision (f) of Section 28 of Article I of California Constitution. The information may also not be used in any other proceeding without my consent unless otherwise ordered by the Court or authorized by statute. I further understand that signing this does not equate to my consent for information to be used in any other proceeding.

Initials: _____

I further understand that upon acceptance into the court process, my mental health provider may request and review other releases of information with me to support their participation in collaboration and coordination of care with court partners on my behalf.

Initials: _____

I understand that this authorization shall remain in effect for the duration of my involvement in Mental Health Diversion proceedings and that I may revoke it at any time. I further understand that BHRS or another provider will notify the Court in the event that any portion of this authorization is revoked. The Court will then make a determination regarding whether I may continue to participate in Mental Health Diversion.

Initials: _____

Defendant Signature

Date

Attorney Signature

Date