

**STATE OF MINNESOTA  
COUNTY OF HENNEPIN**

**DISTRICT COURT  
FOURTH JUDICIAL DISTRICT**

State of Minnesota  
v.

Case # 27-CR-\_\_\_\_\_

SILS # \_\_\_\_\_

Charge \_\_\_\_\_

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

My name is \_\_\_\_\_ My date of birth is \_\_\_\_\_

1. I understand that to be considered for participation in the Hennepin County Veterans' Court, 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 Hennepin County Veterans' Court Team for the duration of my participation in the Hennepin County Veterans' Court, 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 Veterans' Court. **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 Hennepin County Veterans' Court 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 Hennepin County Veterans' Court 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

White – Court

Canary-Probation

Pink- Defense Attorney

Goldenrod- Prosecutor