IN THE CIRCUIT COURT OF THE 21ST JUDICIAL CIRCUIT
KANKAKEE COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS,	)
PLAINTIFF,	)
VS.	) Case No. _____
_____	)
DEFENDANT	)

MENTAL HEALTH COURT PARTICIPANT

CONSENT FOR RELEASE / DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____
hereby authorize:

☐ Judge Lindsay Parkhurst, MHC Presiding Judge, and MHC Team members for Kankakee County Mental Health Court Program;

☐ Amanda Trompler, MHC Probation Officer and representatives of Kankakee County Adult Probation Department;

☐ Karren Farmer, Defense Counsel and/or representatives of Kankakee County Public Defender's Office;

☐ John Coughlin, Assistant States Attorney and/or representatives of Kankakee County Public States Attorney's Office;

☐ Riverside Pathway's Behavioral Health, Ascension St. Mary's Behavioral Health, Helen Wheeler Community Health, or any required MHC Treatment Provider and representatives of Substance Use Disorder Treatment Providers;

☐ Andrew Mackin, MHC Law Enforcement Officer and representatives of Kankakee County Sheriff's Department or other Law Enforcement Team Member;

☐ Representatives of the Chief Judge's Office and any other person permitted by the MHC Judge to attend MHC Team Staffings for training and education purposes;

☐ Joe Ewers, MHC Coordinator;

☐ _____, as _____

to communicate with and disclose to one another information concerning the following:

Any evaluation, diagnosis, prognosis, hospitalization, treatment, urinalysis result (including disclosure or test results in open court) or other information concerning my attendance,

progress, and compliance with treatment, substance use and abuse disorders, or otherwise related to my health and/or treatment. The purpose of this disclosure is to inform the court and other named persons listed above of my eligibility for treatment and my compliance and progress in treatment pursuant to the conditions of my court ordered participation in treatment.

I understand my health and Substance Use Disorder (SUD) records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and The Health Insurance Portability and Accountability Act (HIPPA), 45 CFR Parts 160 & 164. I understand my mental health records are protected under the Illinois Mental Health and Developmental Disabilities Confidentiality Act (IMHDDCA), 740 ILCS 110/1. I also understand I may revoke this consent at any time except to the extent action was taken in reliance on it and in that event, this consent expires automatically upon a formal and effective termination or revocation of my release from confinement, probation, parole, or other proceeding under which I was mandated into treatment, or _____.

I understand I may request a specific list of exactly which records were disclosed. I understand I may be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse consent to a disclosure for other purposes.

I recognize my review hearings are held in an open and public courtroom and it is possible an observer may connect my identity with the fact I am in treatment as a condition of my participation in Kankakee County Mental Health Court. I specifically consent to this potential disclosure to a 3rd person.

I understand if I refuse consent to disclosure or attempt to revoke my consent prior to the expiration of this consent such action is grounds for immediate termination from the Kankakee County Mental Health Court Program in which I am enrolled.

I acknowledge I was: 1) provided a copy of this consent form; and 2) advised of my rights, received a copy of the advisement, and consulted with legal counsel or voluntarily waived my right to an attorney. I am not under the influence of drugs and/or alcohol. I fully understand my rights and am signing this Consent voluntarily.

_____

Print Participant Name

_____ Dated: _____

Participant Signature

_____ _____

Print Witness Name & Position Witness Signature

PROHIBITION ON REDISCLOSURE OF CONFIDENTIAL INFORMATION

This notice accompanies a disclosure of information concerning a Participant in substance use disorder or mental health treatment, made to you with consent of the Participant. This information was disclosed to you from records protected by federal (42 CFR Part 2) and Illinois (740 ILCS 110/1) confidentiality rules and laws. These federal and state rules and laws prohibit you from making any further disclosure of this information 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 or 740 ILCS 110/1. A general authorization for the release of medical and other information is NOT sufficient for this purpose. The federal and state rules and laws also restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse or mental health patient.

You may report any violations of your privacy rights to the Department of Health and Human Services. Information and procedures on reporting a violation may be found at www.hhs.gov .
Written complaints may be submitted to:

Centralized Case Management Operations
U.S. Department of Health and Human Services
200 Independence Ave., S.W.
Room 509F HHH Building
Washington, D.C. 20201

A complaint may be e-mailed to: ocrcomplaint@hhs.gov

You may also contact the Illinois Department of Human Services at 1-800-843-6154

Kankakee County Mental Health Court

YOUR MIND MATTERS

A healthy mind is the greatest treasure you can find!