

City of Riviera Beach, Florida/Civil Drug Court

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CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

DOCKET NUMBER: _____

DATE: _____

I, _____ hereby consent to
(Name of Client) (DOB)

Communication between _____ and the
(Facility) (Address)

City of Riviera Beach Civil Drug Court, The 15th Judicial Circuit Court Palm Beach County, FL. and the Office of Regional Counsel.

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 substance use treatment services, my treatment attendance, prognosis, assessments, compliance, medical records, and progress in accordance with the Civil Drug Court program's monitoring criteria. Disclosure of this confidential information may be made only as necessary for, and pertinent to hearings and/or reports for admission.

I understand that this consent will remain in **effect for 120 days** from date of my signature and cannot be revoked by me unless there has been a formal and effective termination of my involvement with the Civil Drug Court program for the above reference case, such as the discontinuation of all court supervision upon my successful completion of the drug court requirements or upon sentencing for violating the terms of my drug court order/involvement.

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 use patient records and that recipients of this information may redisclose it only in connection with their official duties.

Dated this _____ day of _____ 20____

NAME

SIGNATURE

NOTARY

PARENT/GUARDIAN (if client under 18)

Revised 10/20