



Client/Patient ID Label

**CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION TO COURT PERSONNEL DRUG TREATMENT COURT PROGRAM**

Client/Patient Name: \_\_\_\_\_  
(last name, first name)

Health Record #: \_\_\_\_\_

Unit/Clinic/Service: \_\_\_\_\_

Court File Number: \_\_\_\_\_

D.O.B: \_\_\_\_\_  
(dd/mm/yyyy)

I hereby authorize the Centre for Addiction and Mental Health, Drug Treatment Court Program, to release information regarding my: assessment, participation in the program, attendance, results of any medical or laboratory testing, progress and treatment disposition to:

The Drug Treatment Court Judges and Court Team  
Drug Treatment Court, Old City Hall Court House  
Toronto, Ontario

The Drug Treatment Court Program is a co-operative venture between the Centre for Addiction and Mental Health, and the criminal justice system. The Drug Treatment Court Team is made up of individuals from the judges' office, court clerks, the crown attorney's office, the duty counsel office, the probation and parole service and the Centre for Addiction and Mental Health.

This consent expires when my involvement with the Program is deemed to have ended.

I understand that I may revoke this consent at any time except to the extent that action has already been taken. Revocation of this consent at any time may be deemed to be a decision to withdraw from the treatment program and/or the Drug Treatment Court Program.

**Client/Patient:**

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_  
(dd/mm/yyyy)

**Witness:**

\_\_\_\_\_  
(print name)

\_\_\_\_\_  
(signature)

Date: \_\_\_\_\_  
(dd/mm/yyyy)