BENTON COUNTY DISTRICT COURT
THERAPEUTIC COURT REFERRAL:

☐ MENTAL HEALTH COURT
☐ VETERAN'S COURT

Please Fax referral packet to: (509) 222-3758

_____
Defendant Name

_____ _____
DOB Referral Date

_____
Current Location (Inmate/Address)

_____
Phone Number

_____
Defense Attorney

_____
Defense Attorney Email

Check if DV

Case 1_____ ☐
Charge_____

Case 2_____ ☐
Charge_____

Case 3_____ ☐
Charge_____

Case 4_____ ☐
Charge_____

List the agency and/or provider(s) where services are received. If not receiving services, list the last service provider:

_____

Reason for referral (**Required**): _____

_____

_____

Referred by:
☐ Judicial Officer
☐ Prosecuting Attorney
☐ Other
☐ Law Enforcement
☐ Treatment Provider
☐ Jail
☐ Defense Attorney
☐ Probation

_____ _____
Referring Party – Please Print Name Referring Party's Firm/Agency

_____ _____
Referring Party's Telephone Number Referring Party's Email Address

*****ENTIRE REFERRAL PACKET MUST BE COMPLETED*****

Questions? Please contact the Therapeutic Courts office at (509) 735-8476 ext. 3353

BENTON COUNTY DISTRICT COURT
THERAPEUTIC COURTS
AUTHORIZATION TO RELEASE AND EXCHANGE HEALTHCARE INFORMATION

Patient's Name: _____ Date of Birth: _____

Previous Name: _____ Social Security #: _____

I request and authorize the following agencies:

- [X] Alliance Consistent Care (E. D. Information Exchange)
- [X] 8am-8pm Family Medicine
- [X] Benton County Corrections
- [X] Benton-Franklin Counties Crisis Respons
- [X] Benton-Franklin Dept. of Human Svcs.
- [X] Catholic Family Services
- [X] Chaplaincy Behavioral Health
- [X] Columbia Basin Veterans Center
- [X] Comprehensive Mental Health
- [X] Correct Care Solutions (CCS)
- [X] Department of Corrections (WA State)
- [X] Department of Social and Health Service
- [X] Department of Veteran's Affairs
- [X] Domestic Violence Services
- [X] Eastern State Hospital
- [X] First Step Counseling
- [X] Grace Clinic
- [X] Greater Columbia Behavioral Hea
- [X] Ideal Option
- [X] Kadlec Health System
- [X] Lourdes Counseling Center
- [X] Lourdes Health Crisis Svcs.
- [X] Lutheran Community Services
- [X] Lynx Healthcare
- [X] Mental Health Ombudsman
- [X] Merit Resource Services
- [X] Nueva Esperanza Counseling
- [X] PACT
- [X] Somerset Counseling
- [X] Sunderland Family Trmt Svcs.
- [X] The Emmaus Center
- [X] Transitions
- [X] Tri-Cities Behavioral Health
- [X] Trios Health
- [X] American Behavioral Health Sys.
- [X] WA State DOH Prescription Monitoring Program
- [X] Other: _____

to release and exchange healthcare information of the patient named above to the Benton County Therapeutic Court Teams:

Benton County District Court
Therapeutic Courts Staff and team members
Benton County Public Defender/ Prosecutor
Benton County Probation

7122 W. Okanogan, Bldg A
Kennewick, WA 99336
Phone: (509) 735-8476 ext. 3353
Fax: (509) 222-3758

This request and authorization applies to:

- [X] Medical Diagnosis and Treatment
- [X] Alcohol and Drug Abuse Treatment
- [X] All Mental health information: treatment plans, intake evaluations, medications, relevant progress reports.
- [X] Re-disclosure of all records:

The above information will be used for the purpose of (a) coordinating treatment services; (b) providing referral information; and (c) monitoring for compliance with a treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment. I understand the recipient of the above-requested information may re-disclose it, at which time it may no longer be protected under the privacy

THIS SECTION MUST BE COMPLETED BY PATIENT:

I understand that my records may be confidential, depending on the information contained in them, under one or more of the following statutes or regulations: Medical Records (including mental health records), RCW 70.02; Drug or Alcohol Treatment Records, RCW 70.96A.150 and/or Code of Federal Regulations, Title 42, volume 1, Part 2 and/or Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164.

Definition: Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereuem, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results

- [X] Yes [ ] No I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive, to the person(s) listed above.
- [X] Yes [ ] No I authorize the release of any records regarding drug, alcohol, hospitalization, counseling, evaluations, medical, progress reports or mental health treatment to the person(s) listed above.

I understand I do not have to sign this authorization. I understand that at any time I may revoke this authorization; however, the revocation must be in writing. Send to: 7122 W. Okanogan, Bldg. A, Kennewick, WA 99336.

Patient Signature: _____ Date Signed: _____

THIS AUTHORIZATION EXPIRES UPON THE END OF THERAPEUTIC COURT JURISDICTION (this includes probationary period).

Note: This authorization may be photocopied for duplication as necessary for the use in gathering additional information.

BENTON COUNTY DISTRICT COURT
THERAPEUTIC COURTS
7122 W. OKANOGAN BUILDING A, KENNEWICK, WA 99336, (509) 735-8476 EXTENSION 3353

Listed below are the basic requirements of Mental Health Court and Veterans Court. You must review the program handbook for a complete list of requirements.

- You must attend all court dates and case management appointments. They are scheduled as follows:
  - Phase 1 – weekly
  - Phase 2 – bi-weekly
  - Phase 3 – every 3 weeks
  - Phases 4 – monthly
- You may not consume alcohol
- You may not use marijuana or other street drugs
- You must take all of your medications as prescribed
- You must submit to random pill counts to verify medication compliance
- You must call a UA line daily prior to 8:45 p.m. and submit to random drug testing (UAs, saliva testing) as requested
- You are required to complete a minimum of 20 hours of community service
- You are required to set goals when you enter the program and you must make continuous progress towards achieving your goals
- You must maintain sober housing
- You must attend two counseling appointments per month
- You must see your medication prescriber regularly
- You must participate in any services to which you are referred – chemical dependency treatment, self-help meetings, anger management, pain management, etc.
- You must provide documentation of your attendance at all appointments/meetings

_____ _____ _____
Name Signature Date

Reviewed with: _____, Defense attorney