

**EIGHTEENTH JUDICIAL CIRCUIT PROBLEM-SOLVING COURTS**  
**Brevard and Seminole Counties**

Case No(s): \_\_\_\_\_

**CONSENT FOR RELEASE OF CONFIDENTIAL**  
**SUBSTANCE USE DISORDER COUNSELING NOTES**

Full Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Telephone: \_\_\_\_\_

Address: \_\_\_\_\_

I, the undersigned, hereby voluntarily authorize the use and disclosure of my **substance use disorder (SUD) counseling notes**<sup>1</sup> and related medical records as described herein, for purposes of coordinating, administering, and monitoring my participation in an Eighteenth Judicial Circuit Problem-Solving Court program, including but not limited to: Adult Drug Court, Juvenile Drug Court, Mental Health Court, Veterans Treatment Court, and Early Childhood Court. I understand that this use and disclosure of confidential SUD counseling notes is necessary to inform the Court and the Problem-Solving Court team members of my eligibility and acceptability for substance abuse treatment and/or mental health services, as applicable, and any treatment attendance, prognosis, program compliance status, and progress in accordance with the Problem-Solving Court’s monitoring criteria. For these purposes, I voluntarily consent to the use and disclosure of my SUD counseling notes and related records, including but not limited to, individual and group counseling notes (to the extent they pertain to me), clinical impressions and therapeutic observations, relapse disclosures documented in counseling sessions, behavioral health assessments incorporated into counseling records, and progress notes reflecting clinical discussions and recommendations for use in Problem-Solving Court to the following:

- For the Adult Drug Court program, the team members which include: the presiding judge, case management staff, and drug court lab; any treatment providers, including but not limited to medical physicians, psychiatrists, psychologists, and mental health counselors; the State Attorney’s Office; the Public Defender’s Office or defense attorney; the state or county probation department; the Department of Corrections; and any Florida or federal agency affiliated with the program or providing funding for the program as necessary to show compliance with any funding requirements.
  
- For the Juvenile Drug Court program, the team members which include: the presiding judge, case management staff, and drug court lab; any treatment providers, including but not limited to medical physicians, psychiatrists, psychologists, and mental health counselors; the State Attorney’s Office; the Public Defender’s Office or defense attorney; the county sheriff’s office; school representatives; Clerk of Court; the Department of Juvenile Justice; and any Florida or federal agency affiliated with the program or providing funding for the program as necessary to show compliance with any funding requirements.
  
- For the Mental Health Court program, the team members which include: the presiding judge, case management staff, and drug court lab; any treatment providers, including but

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<sup>1</sup> SUD counseling notes are “notes recorded (in any medium) by a part 2 program provider who is a SUD or mental health professional documenting or analyzing the contents of conversation during a private SUD counseling session or a group, joint, or family SUD counseling session and that are separated from the rest of the patient’s SUD and medical record.” 42 C.F.R. § 2.11. SUD counseling notes do **not** include: “medication prescription and monitoring, counseling session start and stop times, the modalities and frequencies of treatment furnished, results of clinical tests, and any summary of the following items: diagnosis, functional status, the treatment plan, symptoms, prognosis, and progress to date.” 42 C.F.R. § 2.11.

not limited to medical physicians, psychiatrists, psychologists, and mental health counselors; the State Attorney's Office; the Public Defender's Office or defense attorney; the state or county probation department; the Department of Corrections; and any Florida or federal agency affiliated with the program or providing funding for the program as necessary to show compliance with any funding requirements.

- For the Veterans Treatment Court program, the team members which include: the presiding judge, case management staff, and drug court lab; any treatment providers, including but not limited to medical physicians, psychiatrists, psychologists, and mental health counselors; the State Attorney's Office; the Public Defender's Office or defense attorney; law enforcement; the state or county probation department; the Department of Corrections; representatives from the United States Department of Veterans Affairs; and any Florida or federal agency affiliated with the program or providing funding for the program as necessary to show compliance with any funding requirements.
  
- For the Early Childhood Court program, the team members which include: the presiding judge, community coordinator, and family time facilitator; State Opioid Response staff as well as case management staff with Family Allies and Family Partnerships of Central Florida; attorneys and staff with Children's Legal Services/the Department of Children and Families; attorneys and staff with the Office of Regional Conflict Counsel; court-appointed registry parent attorneys; attorneys, staff, and volunteers with the Guardian ad Litem Office; any treatment providers, including but not limited to child parent psychotherapists, Circle of Security Parenting facilitators, anger management providers, parenting assessors, Batterer Intervention Program providers, psychologists, psychiatrists, mental health counselors, and Medication-Assisted Treatment (MAT) and Medication for Opioid Use Disorder (MOUD) providers; and any Florida or federal agency affiliated with the program or providing funding for the program as necessary to show compliance with any funding requirements.

I authorize the persons or entities listed above to disclose to one another, for the purpose of coordinating, administering, and monitoring my participation in the program, my confidential SUD counseling notes and related records described herein.

I also authorize staff with the following entities to access my confidential SUD counseling notes and related records for the specified purposes:

The Florida Office of the State Courts Administrator (OSCA) for purposes of providing administrative oversight, program monitoring and evaluation, and data compliance review.

OSCA's contracted vendor for the Florida Drug Court Case Management System (FDCCMS), Advanced Computer Technologies, for purposes of providing web hosting, support, and maintenance for the FDCCMS.

For Early Childhood Court, the Florida Department of Children and Families for purposes of program monitoring and evaluation.

I further understand that as an essential component of the Problem-Solving Court programs, summary information about my compliance or non-compliance will be discussed in an open and public courtroom, and it is entirely possible that third parties will attend these court hearings and will hear these discussions. I also understand that the above-referenced discussion of my progress will require the disclosure and re-disclosure of confidential treatment information to individuals who may or may not be individually and

specifically authorized to receive such information. Accordingly, I hereby specifically consent to any potential re-disclosure to third persons who may attend any of my court hearings.

I understand that this consent does not authorize additional searches for, and collection of, confidential medical documents that are not related to my Problem-Solving Court program case. Nor does this consent authorize the release of any additional medical records, or prevent the use of a separate consent form, signed by me, authorizing the release of my medical records to a specific agency for a specific purpose.

I understand that this consent is effective from the date I sign this form until either successful completion or termination from the Problem-Solving Court program. I understand that I may revoke this consent at any time, except to the extent that action has been taken in reliance on this consent. My revocation of this consent will result in my termination from the Problem-Solving Court program.

I understand that my records are protected under federal and state laws, regulations, and rules, including, but not limited to, 42 C.F.R. part 2.

I acknowledge that a copy of this form has been provided to me. I further acknowledge that I have been advised of my rights, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not currently under the influence of drugs or alcohol. I fully understand my rights and I am signing this consent voluntarily.

\_\_\_\_\_  
Participant Printed Name

\_\_\_\_\_  
Witness Printed Name/Title

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

\*\*\*\*\*RECIPIENT INFORMATION ONLY\*\*\*\*\*

**NOTICE OF RESTRICTIONS ON USE AND REDISCLOSURE**

This record which has been disclosed to you is protected by federal confidentiality rules (42 C.F.R. part 2). These rules prohibit you from using or disclosing this record, or testimony that describes the information contained in this record, in any civil, criminal, administrative, or legislative proceedings by any federal, state, or local authority, against the patient, unless authorized by the consent of the patient, except as provided at 42 C.F.R. § 2.12(c)(5) or as authorized by a court in accordance with 42 C.F.R. §§ 2.64 or 2.65.

In addition, the federal rules prohibit you from making any other use or disclosure of this record unless at least one of the following applies:

- (i) Further use or disclosure is expressly permitted by the written consent of the individual whose information is being disclosed in this record or as otherwise permitted by 42 C.F.R. part 2;
- (ii) You are a covered entity or business associate and have received the record for treatment, payment, or health care operations; or
- (iii) You have received the record from a covered entity or business associate as permitted by 45 C.F.R. part 164, subparts A and E.

A general authorization for the release of medical or other information is NOT sufficient to meet the required elements of written consent to further use or disclose the record (see 42 C.F.R. § 2.31).