

WILL COUNTY ADULT REDEPLOY ILLINOIS COURT PROGRAM  
CONSENT FOR DISCLOSURE OF CONFIDENTIAL MENTAL HEALTH  
INFORMATION & CONSENT FOR DRUG TESTING

ADULT REDEPLOY ILLINOIS (ARI) COURT REFERRAL

I, \_\_\_\_\_, hereby consent to communication between the Will County Adult Redeploy Illinois Court Program, the presiding Judge and the Adult Redeploy Illinois Court Team for the purpose of determining my eligibility and/or acceptability for Mental Health/Substance Abuse treatment services. I authorize the exchange of information, including all evaluations, test results, and treatment information between the ARI Court Team and my prior treatment providers, if any. I understand that my case, my history, prior treatment, treatment attendance, prognosis, and compliance will be discussed.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/ or reports concerning my current charges.

I understand that by signing this form I am required to drug test as part of the application process and as compliance with my bond.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Will County Adult Redeploy Illinois program for the current charge(s). This includes, being declared unacceptable for the program, discontinuation of all court and/or probation supervision upon my successful completion of the drug court requirements OR upon sentencing for violating the terms of my drug court 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 abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Signature of Defense Counsel