

**W**ILLIAMSON **C**OUNTY **D**WI/**D**RUG **C**COURT **P**ROGRAM

**CONSENT FORM  
FOR DISCLOSURE, COMMUNICATION, AND RELEASE OF INFORMATION**

I, \_\_\_\_\_, Participant, hereby consent to communication between the listed treatment provider(s):

_____	_____
_____	_____
_____	_____
_____	_____

and the Judge, prosecutors from the Williamson County Attorney's Offices, the DWI/Drug Court Defense Attorney, the Williamson County Community Supervision and Corrections Department, DWI/Drug Court program evaluators, and any additional persons, such as family members and employers and/or agencies listed which may require information regarding my treatment for substance abuse while enrolled in Williamson County DWI/Drug Court Program.

**ADDITIONAL PERSONS OR AGENCIES:**

_____	_____
_____	_____
_____	_____

The purpose of, and need for this disclosure is to inform the Court and other above-named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the Williamson County DWI/Drug Court monitoring criteria. I understand that this information will be shared in open court in reference to my case, and that anyone present in the courtroom will be able to hear this information.

I further 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 Williamson County CSCD, such as the discontinuation of all DWI/Drug Court and relevant community supervision requirements upon my successful completion of community supervision or upon sentencing for violation the terms of my conditions of community supervision.

I also 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 (or client) records, and that the recipients of this information may disclose it only in connection with their official duties.

\_\_\_\_\_  
PARTICIPANT'S SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS'S SIGNATURE

\_\_\_\_\_  
DATE