



**Circuit Court  
Fourth Judicial Circuit of Florida  
Clay, Duval and Nassau Counties  
Adult, Juvenile & Dependency Drug Courts, Veterans Courts  
& Mental Health Courts**

Main Office: Duval County Courthouse  
501 West Adams Street, Room 2321, Jacksonville, Florida 32202  
Telephone: (904) 255-1040 Fax: (904) 255-1051 Email: Drugct@coj.net

**Authorization for Release of Information**

As part of my participation in the Treatment Court Program I, \_\_\_\_\_, **DOB**, \_\_\_\_\_, **SS#** \_\_\_\_\_, **hereby authorize** communication of my confidential medical, mental health and/or substance-abuse related records, child-welfare records, employment records, school records and/or criminal history records between the Fourth Judicial Circuit Treatment Courts and any of the following parties:

Gateway Community Services  
Clay Behavioral Health Center  
DCF Agency: \_\_\_\_\_  
Guardian Ad Litem  
Office of the State Attorney  
Court Appointed Legal Counsel  
Psychological Treatment Providers  
Duval County Public Schools  
Veterans Health Administration  
Other: \_\_\_\_\_

River Region Human Services  
Child Welfare Family Services Counselor  
The Fourth Judicial Circuit Courts  
Office of the Public Defender  
Department of Corrections/Probation  
Medical Treatment Providers  
Employer  
Department of Veterans Affairs  
Immediate Family

The purpose of this release is to allow the Treatment Courts to receive and/or disclose information pertaining to: the diagnosis, treatment, medications, testing results and information relating to my physical or mental health condition; the status of any existing child-welfare action I am involved in; the status of my current or previous employment; the status of my educational pursuits; and the details of any prior criminal history that may not have been provided to the Treatment Courts prior to my acceptance.

This information is necessary to further enable my successful participation in the Treatment Court Program and may be released orally, in writing, by fax, or by electronic methods.

**I understand** that I may revoke this consent at any time, in writing, except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically at the conclusion of my participation in the Treatment Court Program.

\_\_\_\_\_  
**Client Signature**

\_\_\_\_\_  
**Date**