



Sonoma County Superior Court
Mental Health Diversion Court

Agreement to Provide Mental Health Treatment and Progress Reports

Name and Contact Information	
Name of Patient	
Name of Treatment Provider	
Title of Treatment Provider	
Agency of Treatment Provider	
Type of Care that will be Provided	
Address of Treatment Provider	
Phone Number of Treatment Provider	

I understand that the patient referenced above will be participating in Mental Health Diversion (MHD) court. I also understand that in order to participate in MHD court, the patient will be required by the court to consent to the sharing of information, including but not limited to, medical and psychological records, progress reports, toxicology results and/or medication evaluation between the court, Sonoma County Behavioral Health, the probation department, and the patient's third-party treatment providers. The patient has been advised that the patient's records are protected under the Federal regulations governing Confidentiality of Medical, Alcohol and Drug Abuse Patient records, 42 CFR part 2, and cannot be disclosed without the patient's written consent unless otherwise provided for in regulations. The patient has agreed to provide that consent and execute any further Releases of Information necessary regarding the reporting of the patient's progress as a condition of MHD court. The patient also understands that the patient may revoke consent at any time except to the extent that action has been taken based on it, and that in any event, this consent expires automatically upon the court's acknowledgement of successful completion and dismissal of criminal allegations or the court's ruling of termination of MHD court.

I agree to provide treatment to this patient. I also agree to complete periodic **progress reports** to the court regarding the patient's ongoing treatment during the course of MHD court (up to two years). A sample of the court's universal progress report was attached to this form for my reference.

Signed: _____

Print Name and Title: _____ Date: _____