



**Mental Health and Addictions
Nova Scotia Wellness Court Program
CONSENT TO SHARE HEALTH INFORMATION**

Name: _____

JEIN Person ID#: _____

I, _____,
have been identified as a possible candidate for the (indicate the location of the Wellness Court)
_____ Wellness Court Program.

To determine my eligibility for this program, I understand that my health information would be collected and shared with members of the team (the judge, crown, defense lawyer, health care clinicians, program administration staff, probation officer, etc.).

I hereby consent to have my health information collected and shared with members of the team. My health information will include, but not limited to: medical history, including current assessments, diagnosis, treatment and medications, tests and procedures, inpatient admission and discharge plan / summary, outpatient follow up, progress reports, and program compliance.

The purpose of this disclosure is to be used solely for assessment to determine if I qualify to participate in the _____ Wellness Court Program.

I understand that my personal health information may be used beyond my application to support program activities such as education, ongoing quality improvement and research while maintaining my confidentiality and without compromising my anonymity.

Signature

Witness

Dated at _____, Nova Scotia the ____ day of _____, 20____.

