

**Attorney Permission
Authorizing Mental Health Court Staff
To Screen for Eligibility**

I, _____, Attorney for _____

DOB: _____ SID # _____

Hereby give permission and consent for the Bexar County Mental Health Court (MHC) staff to meet with and screen my client for the purpose of determining eligibility and enrollment status for MHC program participation, provider services, as well as mental health treatment and support services needed by my client.

Mental health treatment and support services may include the following information and referrals to community based services or non-profit providers:

- Enrollment in Mental Health Court
- Case Management
- Access to Mental Health Treatment and Medications
- Substance Abuse Treatment
- Counseling/Support Groups
- Housing
- Transportation
- Food
- Clothing
- Utility Assistance
- Employment Assistance
- Advocacy

I understand that in order to provide these services, the Bexar County Mental Health Court staff will have to secure Authorization for Disclosure and Consent to Participate forms from my client.

_____ I **will** participate in the meeting where my client will be presented with these forms.

_____ I **will not** participate in the meeting where my client will be presented with these forms; however, I give permission for the MHC staff to meet with my client without my being present.

_____ I **will not** participate in the meeting where my client will be present with these forms and do not give permission for the MHC staff to meet with my client without my being present.

Attorney at Law

Date

SBN: _____

Client Phone # _____

This form must be faxed to 210-335-0869 or emailed to mstarr-salazar@bexar.org.