

DEFENSE ATTORNEY INSTRUCTIONS

STEP 1: Submit the following documents to Taylor Hardin Secure Medical Facility

1. Defense Attorney Information Form (attached)
2. **Copies** of **completed** Authorization to Release/Receive Protected Health Information Forms (Release Forms attached) signed by Defendant for any previous treating facilities. These forms should be witnessed. We do not need a release to speak with the client as the court order allows us this privilege. **Please do not put client's name on the Release of Information where the previous treating facility's name should go. Please do not send back blank releases that only have the client's signature.**

NOTE: If Defendant is not considered capable of giving consent, please do an order for Production of Records signed by the Judge and submit in the place of a release form. (See attached.)

NOTE: If limited intellectual functioning is an issue, complete release form for school records.

STEP 2: Send Defense Attorney Information form and **copy** of release form(s) to:

Kendra Evans
Regional Forensic Evaluation Program Coordinator
Taylor Hardin Secure Medical Facility
1301 Jack Warner Parkway Northeast
Tuscaloosa, Alabama 35404

E-Mail: kendra.evans@hardin.mh.alabama.gov

Fax: 1 (205) 556-1198

STEP 3: Send original release form(s) and signed court orders to previous treating agency. PLEASE MAKE SURE THERE IS A WITNESS TO THE CLIENT'S SIGNATURE ON THE FORM.

STEP 3 IS THE RESPONSIBILITY OF THE DEFENSE ATTORNEY

C O V E R S H E E T

DEFENDANT’S NAME _____

DEFENDANT’S CURRENT LOCATION: _____ JAIL _____ ON BOND

RACE: _____ SEX: _____ DOB: _____

S S N : _____

CONFIRMATION OF CASE NUMBER(S)/CHARGE(S) BY COURT FILE:

CASE NO: _____ CHARGE: _____

CASE NO: _____ CHARGE: _____

CASE NO: _____ CHARGE: _____

JUDGE _____

DISTRICT ATTORNEY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

DEFENSE ATTORNEY: _____

ADDRESS: _____

CITY/STATE/ZIP: _____

TELEPHONE: _____

Forward Cover Sheet with the following documents to:

Kendra Evans
Regional Forensic Evaluation Program Coordinator
Taylor Hardin Secure Medical Facility
1301 Jack Warner Parkway Northeast
Tuscaloosa, Alabama 35404

If you have any questions, please call (205) 556-7060, extension 210. Feel free to email or fax this information in an effort to save time and postage at kendra.evans@hardin.mh.alabama.gov or fax: 205-556-1198.



TAYLOR HARDIN SECURE MEDICAL FACILITY

1301 JACK WARNER PARKWAY, NE
TUSCALOOSA, ALABAMA 35404

PHONE: 205-556-7060 FAX: 205-556-1198

DEFENDANT NAME: _____

RACE/SEX _____ DOB: _____

S S N: _____

Defense Attorney Information

Side 1

Pending Charge(s)/Case Number(s): _____

Extent of contact with defendant/date of last contact: _____

Observations/Information regarding the need for clinical evaluation, including specific difficulties in communicating with the defendant:

Circumstances surrounding the alleged offense that led you to believe the defendant's mental state is an issue: _____

Previous convictions/pertinent background information: _____

Previous psychiatric treatment (PLEASE HAVE DEFENDANT SIGN AUTHORIZATION TO RELEASE/RECEIVE PROTECTED HEALTH INFORMATION FORM FOR EACH TREATING AGENCY AND FORWARD ORIGINAL TO THE AGENCY AND A LEGIBLE XEROX COPY TO TAYLOR HARDIN SECURE MEDICAL FACILITY); _____

DEFENSE ATTORNEY INFORMATION

SIDE 2

NEXT OF KIN: Name _____ Relationship _____

Complete Address: _____

Telephone Number: _____

Information from relatives, friends, etc., that would clarify defendant's mental condition: _____

Defendant's current location: _____

Date: _____

Attorney: _____

Address: _____

Telephone: _____

Please return this form and copies of Authorization to Release/Receive Protected Health Information form along with pertinent reports/records you may have to:

Kendra Evans
Regional Forensic Evaluation Program Coordinator
Taylor Hardin Secure Medical Facility
1301 Jack Warner Parkway Northeast
Tuscaloosa, Alabama 35404
Telephone: 205-556-7060
Fax: 205-556-1198
Email: kendra.evans@hardin.mh.alabama.gov

IN THE CIRCUIT COURT OF _____ COUNTY, ALABAMA

STATE OF ALABAMA)

vs.)

_____,)
DEFENDANT.)

CASE NO. _____

ORDER FOR PRODUCTION OF RECORDS

I, the undersigned Circuit Judge, do hereby certify that, it having been alleged to me that certain records of the above-named Defendant (DOB _____, SSN: _____) are in the custody of the agencies noted below, that the records are subject to the confidentiality provisions of 38 United States Code Section 7332 and 42 C.F.R. Sections 2.1 59 2.67-1, and that production of the records is necessary to the completion of the psychiatric evaluation and treatment ordered by this Court,

THEREFORE, after weighing the public interest and the need for disclosure against the injury to the patient, to the physician-patient relationship and to the treatment services,

CONSIDER, ORDER, ADJUDGE AND DECREE that good cause exists for disclosure of the records, that other competent evidence or sources of information regarding the patient's condition are not reasonably available, that there is no successful treatment or rehabilitation of other patients, and that the following limitations on disclosure shall be imposed:

1) Disclosure is limited to the following described parts of the patient's records: **Hospitalization/Treatment Summaries, Mental Status Examinations, Physical Examinations, Psychological Testing Reports, Social History Studies, Lab & X-Ray Reports, Other (specify):** _____

2) Disclosure is limited to the following agency whose need for information is the basis of this order: Alabama Department of Mental Health, Taylor Hardin Secure Medical Facility;

3) A copy of this Order shall be forwarded by the Clerk to the agencies listed below, which shall release the identified records to the attention of Court Liaison, Taylor Hardin Secure Medical Facility, 1301 Jack Warner Parkway NE, Tuscaloosa, Alabama 35404, upon the receipt of this Court Order.

ORDERED this _____ day of _____, 2017.

Circuit Court Judge

Distribute to:

Kendra Evans
Regional Forensic Evaluation Program Coordinator
Taylor Hardin Secure Medical Facility
1301 Jack Warner Parkway Northeast
Tuscaloosa, Alabama 35404
Email: kendra.evans@hardin.mh.alabama.gov
Fax: 1 (205) 556-1198

ATTORNEY TO LIST PREVIOUS TREATMENT AGENCIES BELOW – CLERK TO
DISTRIBUTE TO THESE AGENCIES: