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OFFICE OF THE COURT ADMINISTRATOR  
 WESTMORELAND COUNTY COURTHOUSE

M E M O R A N D U M

TO: CONFLICT COUNSEL  
 PUBLIC DEFENDER'S OFFICE  
 WESTMORELAND BAR ASSOCIATION  
 DISTRICT ATTORNEY'S OFFICE

FROM: AMY DEMATT, COURT ADMINISTRATOR

DATE: 3/30/21

RE: COURT-ORDERED EVALUATIONS

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Westmoreland County Judges occasionally order that a criminal defendant undergoes an evaluation. Evaluations often require the evaluator to have access to the defendant's medical history, and in some cases, his or her criminal history.

To accomplish the evaluation most quickly, we have collected several links to authorizations to release records. These are below:

- Excela Health (Greensburg, Latrobe, Frick): <https://www.excelahealth.org/Patients-Visitors/Medical-Records>
- SPS: <https://www.monvalleyprimarycare.org/assets/primary-care---medical-records-request.pdf>
- Kreinbrook Psychological Services: see attached.

**Providers require records as set forth below:**

- Dr. Louis Martone, psychiatrist: past two years medical records from facilities where the Defendant treated and criminal complaint and affidavit
- King and Associates: past two years medical records that address previous mental health issues, drug and alcohol issues and/or the individual's previous criminal record; Affidavit of Probable Cause and the court order.
- William E. Bush, Ed.D.: past two years mental health and school records if defendant was in special education classes

**Please note that records must be obtained and sent to the evaluator prior to the evaluation occurring. In addition, I have attached to this memo the authorization to release the report of mental health or psychiatric evaluations. This should be completed when the Defendant wishes to release the report to the judge and/or others as set forth on the authorization.**

We appreciate your attention to this.

**AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION  
EVALUATION REPORT**

Westmoreland County Court of Common Pleas  
2 North Main Street  
Greensburg, PA 15601

This authorizes \_\_\_\_\_ to release to:

- \_\_\_\_\_ Westmoreland County Judge Ordering Said Evaluation
- \_\_\_\_\_ Westmoreland County Prison Deputy Warden of Treatment
- \_\_\_\_\_ Westmoreland County Institutional Probation/Parole Officer and  
Assigned Probation/Parole Officer
- \_\_\_\_\_ Defense Attorney
- \_\_\_\_\_ Westmoreland County Probation/Parole Reentry Coordinator
- \_\_\_\_\_ Other (specify) \_\_\_\_\_

Information from the record of: Name: \_\_\_\_\_  
D.O.B.: \_\_\_\_\_  
Case Number(s): \_\_\_\_\_

The information to be disclosed/released is the report from the court-ordered  
mental health/psychiatric evaluation (circle one) Prepared by the evaluator.  
This information is needed for the following purpose:

**Sentencing by the Westmoreland County Courts**

I understand that by law, I need not consent to the release of this information.  
However, I choose to do so willingly and voluntarily for the purpose specified above.  
This authorization will be in effect for a period of 4 months from the date of signature,  
unless a specific time frame is documented; however, no time frame specified shall go  
beyond one year from the date of signature

**Signature of Client:** \_\_\_\_\_

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

Prohibition of Disclosure: It is understood that the confidentiality of the information to  
be disclosed is protected by federal law. Federal regulations prohibit any further disclosure  
of this information except with specific written consent of the person to  
whom it pertains or as otherwise permitted by such regulations (42 CFR, Part2).