

DRUG COURT: CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION

I, _____, hereby give my permission for an open exchange of
(Name of Defendant)
information among _____, provider(s) of
treatment agency name(s)

_____ County Drug Court Treatment Services and members of the _____ County
Drug Court Team, their direct support staff, and other drug court administrative or authorized persons including:

- _____ County Drug Court Presiding Judge,
- _____ County Prosecuting Attorney or Deputy Prosecuting Attorney,
- _____ County Public Defender or other Defense Counsel,
- The Idaho Department of Corrections, District _____ Community Corrections staff,
- _____ County Drug Court Coordinator and other drug court staff,
- _____ County Sheriff's Department,
- _____ City Police Department
- Locally assigned Veterans Justice Outreach Worker
- Idaho Division of Vocational Rehabilitation
- Idaho Department of Health and Welfare, its Management Services Contractor (BPA, Inc) or Medicaid Contractor (Optum)
- Other education, vocational, medical or mental health provider or agency, providing services to Drug Court participants. (specify) _____
- Idaho Supreme Court, Problem-solving Court Administrative staff or official peer reviewers
- An authorized court visitor as approved by the Drug Court Judge and who will be bound by a written and signed confidentiality agreement which prohibits any re-disclosure of confidential information
- Other person important to my case (specify) _____

The purpose of, and need for, this disclosure and exchange of information is to provide information about my eligibility and/or acceptability for drug court, about the nature of substance abuse or other treatment services I need, and for monitoring my case, my progress and my compliance with drug court conditions of participation.

The information to be exchanged may include information about my diagnosis, criminogenic risk, treatment plan, treatment attendance, program compliance, progress, and prognosis, as this information relates to the Drug Court conditions of participation for each phase of the program and progress and compliance monitoring criteria. This information will allow the team to plan and coordinate the services I need and to impose appropriate sanctions or rewards, based on my behavior.

I further understand that some or all of this information will be discussed in open court, where anyone in the courtroom can hear, and I hereby authorize the same. The nature of the information to be shared will include, but is not limited to: arrest and prior criminal record, intake and criminogenic risk assessment information, and alcohol/drug use assessment and diagnosis information, treatment plans, court directives, drug test results, progress reports, reports of program compliance and other related behavior, and recommendations or imposition of services, sanctions and rewards. Disclosure of this otherwise confidential information may be made only as necessary for, and pertinent to, hearings, case planning, and/or reports concerning Case No. _____. No person, other than as listed above, will have access to this information without my further consent, or as otherwise permitted by applicable State or Federal Law.

I understand that this consent will remain in effect only until there has been a formal and effective termination of my involvement with the Drug Court for the above referenced case. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance upon it, and with the understanding that such revocation will end my participation in drug court, resulting in the imposition of other sanctions. I agree that the disclosure of the above information, prior to drug court termination, sentencing and or revocation of this consent shall not be a breach of my right to confidentiality. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations (42CFR, part 2), which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties and only with respect to these particular court proceedings and not in relation to the prosecution of any other criminal offense.

Date	Defendant Printed Name	Defendant Signature
Date	Parent/Guardian Printed Name	Parent / Guardian Signature