

ADULT DRUG COURT
SAMPLE
CONFIDENTIALITY
FORMS

ELEVENTH JUDICIAL DISTRICT DRUG COURT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION: DRUG COURT REFERRAL

I, _____, hereby consent to communication between
Defendant
Eleventh Judicial District Drug Court Program and Judge _____,
Presiding Judge
_____, _____, the probation
Prosecuting Attorney/Office Defense Attorney
department of New Mexico, and/or _____.
Other Referring Agency

The purpose of and need for this disclosure is to inform the court and other above-named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and progress in accordance with the drug court monitoring criteria.

Disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning _____.
Docket Number(s)

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the drug court for the case(s) named above, such as the discontinuation of all court and/or probation supervision upon my successful completion of the drug court requirements or upon sentencing for violating the terms of my drug court involvement and/or probation.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient/client records, and that recipients of this information may redisclose it only in connection with their official duties.

Defendant's Signature

Date

ELEVENTH JUDICIAL DISTRICT DRUG COURT

**AGREEMENT NOT TO DISCLOSE CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION**

I, _____, understand that the offenders who are admitted to Drug Court have consented to disclosure of confidential substance abuse information about them only for the purpose of, and need for, informing the court and all other named parties of their eligibility and/or acceptability for substance abuse treatment services and their attendance, prognosis, compliance and progress in accordance with the Drug Court program's monitoring criteria. I understand that this confidential information may be disclosed only as necessary for, and pertinent to, hearings and/or reports concerning the case or charges for which the offenders were accepted into Drug Court.

Date

Print Name

Signature

Title and Agency

**AGREEMENT NOT TO DISCLOSE CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION: DRUG COURT TEAM**

I, _____, understand that the offenders who are admitted to Drug Court have consented to disclosure of confidential substance abuse information about them only for the purpose of, and need for, informing the court and all other named parties of their eligibility and/or acceptability for substance abuse treatment services and their attendance, prognosis, compliance and progress in accordance with the Drug Court program's monitoring criteria. I understand that this confidential information may be disclosed only as necessary for, and pertinent to, hearings and/or reports concerning the case or charges for which the offenders were accepted into Drug Court.

I hereby agree that my disclosure of confidential substance abuse information in Drug Court team meetings or re disclosure of information, which is discussed in Drug Court team meetings will be made only in connection with my official duties as described above and as authorized by Part 2 of Title 42 of the Code of Federal Regulations.

Date

Print Name

Signature

Title and Agency

**AGREEMENT NOT TO DISCLOSE CONFIDENTIAL SUBSTANCE ABUSE
INFORMATION**

I, _____, understand that the offenders who are admitted to Drug Court have consented to disclosure of confidential substance abuse information about them only for the purpose of, and need for, informing the court and all other named parties of their eligibility and/or acceptability for substance abuse treatment services and their attendance, prognosis, compliance and progress in accordance with the Drug Court program's monitoring criteria. I understand that this confidential information may be disclosed only as necessary for, and pertinent to, hearings and/or reports concerning the case or charges for which the offenders were accepted into Drug Court.

Date

Print Name

Signature

Title and Agency

**12th Judicial District
Adult Drug Court
Consent to Treatment and Notice of Limits of Confidentiality**

Participant Name: _____

Date: _____

The Adult Drug Court Program (ADC) is an intensive treatment and behavioral intervention program administered by the 12th Judicial District Court. As you consider your involvement with this treatment program, it is important that you fully understand what you will encounter. This form will answer most of your questions about treatment services offered by and through the ADC. If you would like additional information, please contact any member of the ADC team.

Treatment: Treatment in the ADC program involves both talking therapy and behavioral modification. Behavioral modification involves using a systematic process of incentives and consequences in response to a person's behavior. Over time, positive, healthy behaviors should become more frequent and a basis for your everyday life. Talking therapy is the process of solving problems by talking. A professionally trained counselor will help you achieve positive changes in your life. The process of change will, in many ways, be unique to your particular situation. In some instances, talking about your difficulties may make your symptoms worse; however, over time you should see an improvement. In addition, not all individuals benefit equally from treatment or by working with a particular counselor. If at any time during your treatment you have questions about whether or not the treatment is effective, or you have feelings about something your counselor has said or suggested, or you need clarification of your treatment goals, do not hesitate to bring this up with your counselor.

Notice Regarding the Confidentiality of Alcohol and Drug Abuse Client Records

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by 42 CFR Part 2 and/or the 12th Judicial District's Policies on Confidentiality of Drug Court Participant Records and Information. Generally, the Drug Court may not say to a person outside the program that a person attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The patient consents in writing; or
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation; or
4. The disclosure is made to authorities to report cases of suspected child abuse or neglect; or
5. The disclosure is necessary to prevent threatened harm to yourself, someone else, or in some cases, the property of others; or
6. The disclosure is necessary to report a crime committed by a client either at the program, against any person who works for the program, or about any threat to commit such a crime.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations or to the District's Privacy Officer. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal Regulations.)

Also, you should be aware that while we encourage your fellow group members not disclose communications that occur in the treatment group setting, there is no guarantee that they will do so. If you do not feel comfortable discussing a topic in group, make arrangements to see your counselor privately.

After Hours Emergencies: Your counselor will provide you with a means of contact in case of a crisis. If you cannot reach your counselor, or if a crisis involves imminent danger to you or another person, you should call 911 for immediate assistance.

Terminating Treatment: You have the right to terminate your participation in the ADC at any time without anyone's permission or agreement. You should understand that because this is a court administered program, the ADC will report your decision to the judge and the referring agency, and there may be legal consequences of your decision. If you do decide to exercise this option, you are strongly encouraged to talk with an ADC team member first.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

I have read, understand, and agree to the information described above. I also understand I will receive a copy of this *Consent to Treatment and Notice of Limits of Confidentiality* form.

Participant Name

Signature/Date

Witness Name

Signature/Date

Defendant's Name: _____
DOB: _____ SSN: _____
DA#: _____
Attorney: _____
Charges: _____

ADMISSION STATEMENT

I hereby admit to the following charge(s):

COUNT I:

That on or about the _____ day of _____, 2005, in Sandoval County, New Mexico, the above-named defendant intentionally had cocaine, a narcotic drug which is a Schedule I or II controlled substance, in his possession knowing or believing it to be cocaine or believing it to be some drug or other substance the possession of which is regulated or prohibited by law, contrary to § 30-31-23, NMSA 1978.

Defendant

SUBSCRIBED AND SWORN TO BEFORE ME THIS _____ day of _____, 2005.

Notary Public

My Commission Expires: _____

Attorney for Defendant

QUALIFIED SERVICE ORGANIZATION AGREEMENT



_____ and
(Name of Outside Service Organization)

12th Judicial District Drug Court Program hereby enter into a qualified service

organization agreement (QSOA), whereby _____
(Name of Service Organization)

agrees to represent their organization and/or professional discipline as a fully participating member of the Drug Court Team.

Furthermore, _____:
(Name of Outside Service Organization)

(1) Acknowledges that in receiving, storing, processing and otherwise dealing with any information from the Program about the clients in the Program, it is fully bound by the provisions of the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2; and

(2) Undertakes to resist in judicial proceedings any effort to obtain access to information pertaining to patients otherwise than as expressly provided for in the Federal confidentiality regulations, 42 C.F.R. Part 2.

Executed this _____ day of _____, _____.

(Signature and Date)

(Printed Name and Title)

(Address)

(City, State, Zip)

(Signature and Date)

Rick Gilsdorf, Program Director
12th Judicial District Drug Court
1000 New York, Room 209
Alamogordo, NM 88310



12th Judicial District
Adult Drug Court
Notice of Privacy Practices

Participant Name: _____ Date: _____

Our Commitment to Your Privacy

The Adult Drug Court Program (ADC) is an intensive treatment and behavioral intervention program administered by the 12th Judicial District Court. We are strongly committed to maintaining the privacy of your personal health information. This form will provide you information on how we will use information about your health that we get from you and from others.

How Drug Court Uses Your Information

We use information about your health primarily to facilitate your treatment, coordinate services, and monitor your progress within the ADC. The *Release of Information* that you sign prior to your acceptance into the ADC includes other team members, individuals and agencies that may be necessary for us to contact so that we can coordinate services on your behalf.

Your rights regarding your health information

1. You have the right to ask us to communicate with you about your health information and related issues in a particular way or at a certain place. For example, you may wish us to call you at home and not at work to schedule or cancel an appointment. We will honor your request to the greatest degree possible.
2. You have the right to ask us to limit what we tell certain individuals involved in your care. We will honor your request to the greatest degree possible except if it is against the law, is an emergency, or when sharing that information is necessary as part of your participation in the ADC.
3. You have a right to view your health information. You may request a copy of this information at a nominal fee. Contact our Privacy Officer to arrange to view your records.
4. If you believe information in your records is incorrect or incomplete, you may make a formal request to change to your health information. You must make your request in writing, inform us of the reasons for the change, and send it to our Privacy Officer. All requests will be fully considered.

5. You have a right to file a complaint if you believe that your privacy rights have been violated. All complaints must be in writing. You may file the complaints with our Privacy Officer and/or the presiding Drug Court Judge.
6. You have a right to have a copy of this notice.
7. Filing a complaint will not change the services we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies please contact our Privacy Officer, Rick Gilsdorf at (505) 437-3714.

I have read, understand, and agree to the practices described in this form.

Participant Name

Signature/Date

Parent or Witness Name

Signature/Date

FOURTH JUDICIAL DISTRICT ADULT DRUG COURT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____, hereby consent to communication
Name of Defendant

Between _____, and District Court Judge Abigail Aragon or other assigned Judicial Officer, and members of the Fourth Judicial District Drug Court Team, including Fred Sena District Court Clerk, Anna Lujan, Drug Court Coordinator, Gary Gold, Las Vegas Chief of Police or his Designee, David Silva, Public Defender, , Tom Clayton and or Ester Garduno, Assistant District Attorney, Leroy Garcia or his Designee, Adult Probation/Parole Officer (Adult Probation Office), Human Resource Development Adult Drug Court Treatment Staff and Fourth Judicial District Adult Drug Court staff.

The purpose of, and need for this disclosure is to inform the Court and all above named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and program in accordance with the Drug Court monitoring criteria.

Disclosure and/or re-disclosure of this confidential information may be made only as necessary for and pertinent to hearing and/or reports concerning my Drug Court referral for case number(s):

Docket Indictment Number(s)

Disclosures and/or re-disclosure of confidential information by Drug Court staff and team members is limited to communications made in the performance of their official duties.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court for the above named case. Such termination may result from the discontinuation of all court and/or probation supervision upon my successful completion of the Drug Court requirements or my exclusion from Drug Court due to documented non-compliance with Drug Court rules, regulation and procedures.

I understand that any disclosure of confidential substance abuse treatment information is governed by the federal law (Part 2 of Title 42 of the Code of Federal Regulations) which pertains to the confidentiality of substance abuse patient (or Client) records.

DATE

NAME OF DEFENDANT

DEFENDANTS SIGNATURE

SIGNATURE OF WITNESS