

Brown County
Family Recovery Court Program

CONSENT FOR DISCLOSURE AND EXCHANGE OF CONFIDENTIAL SUBSTANCE ABUSE TREATMENT INFORMATION

I, _____ , being the Respondent in Brown County Case
, and having agreed to apply, enroll and participate in the Brown County Family Recovery Court, hereby consent to allow on-going communications about my compliance status among the following Parties or agencies involved in the Family Recovery Court Program: The Honorable Thomas Walsh, Judge of the Circuit Court, (or his Judicial Designee), the Brown County employees engaged in the Family Recovery Court operations, the Brown County Corporation Counsel's Office, the Brown County District Attorneys Office, the Office of the State Public Defender (SPD), the Department of Corrections-Division of Community Corrections, and/or other referring or treating agencies involved in the direct delivery of services through the Brown County Family Recovery Court.

I understand that the purpose of, and the need for this disclosure, is to: inform the court and the other above-named parties or agencies of my eligibility and/or acceptability for substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of my CHIPS Dispositional Order ; to discuss and assess my status as a participant in the Family Recovery Court; and, to assess and comment on my progress in accordance with the Family Recovery Court's reporting and monitoring criteria.

I agree to permit disclosure of this confidential information only as necessary for, and pertinent to, hearings, and/or reports concerning the status of my participation and compliance with the conditions of my CHIPS Dispositional Order as defined by the Family Recovery Court. I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Family Recovery Court participation (including the results of urinalysis or other drug screening tools), and other material information will be discussed and shared among members of the Family Recovery Court team. I further understand that summary information about my compliance or non-compliance will be discussed in open court, specifically, whether I have attended all meetings, treatment sessions, the results of urinalysis or other testing as required, and the disclosure of my compliance or non-compliance with the terms and conditions of my CHIPS Dispositional Order.

I understand that treatment information normally is confidential under federal law. 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 (or client) records and that it is a crime to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. Recipients of this information may re-disclose it only in connection with 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 Family Recovery Court for the case named above such as the discontinuation of all court-ordered supervision upon my successful completion of the drug court requirements, or upon discharge for violating the terms of my recovery court involvement.

I acknowledge receiving a copy of this consent including the notice on the reverse side.

_____Date _____
Signature of Program Participant

_____Date _____

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Signature of Witness