

What is this Form for?

Your healthcare records, including drug and alcohol treatment, are confidential. Your information cannot be shared without your permission. Federal and state laws protect this privacy.

But while you participate in specialty court (aka, the "Program"), certain parties need to access information that's relevant to your treatment. Your information will also be used to determine eligibility for the Program. Signing this consent form allows those parties to exchange this information.

Who is receiving my information?

Parties involved with your treatment will receive your information. These parties [may?] include:

- Specialty court
- Circuit Court
- Your treatment provider
- Your case manager
- The firm of the Program's defense attorney
- The defense attorney assigned in connection with your participation in the Program
- District attorney's office
- The deputy district attorney assigned in connection with your participation in the Program
- Probation office
- The probation officer assigned in connection with your participation in the Program
- Law enforcement agency
- The Law enforcement officers assigned in connection with your participation in the program
- Other community partners as written on the form
- Other specialty court team members as written on the form

Your information may also be shared if the Program is audited or otherwise evaluated.

What information is being shared?

Your consent allows the people listed above to access and share information relevant to your treatment. This information will be used to assess your progress towards the Program's goals.

This includes:

- assessment results
- screening results
- referrals to treatment and other services
- treatment attendance records
- progress in treatment
- compliance with treatment

- compliance with Program requirements

What happens when I sign this form?

Signing the form is voluntary. When you (or your authorized representative) sign this form, you consent to share your information. You're also saying that you understand your rights.

You consent to:

- disclose your information to the Program and other listed parties.
- allow listed parties to communicate with each other about your participation in the Program.
- allow listed parties to watch your progress with substance abuse and/or mental health treatment.
- allow listed parties to monitor your compliance with Program requirements and directions.

What should I understand before signing?

When you sign the consent form, you're stating that you understand several key points about the Program and the laws that protect you. You're also stating that you're not under the influence of drugs or alcohol at the time of signing.

Your Participation and Consent

- Participating in the program is not a right.
- Your consent is required to take part in the Program. If you don't consent, you can't take part in the Program.
- You can take back your consent at any time.
 - But if you take back your consent, you will be removed from the Program.
 - Note: The Program is separate from other treatment plans or programs you may be a part of.
 - Taking back your consent does not affect any previously shared information.
 - If you verbally take back your consent, you will confirm your revocation in writing.
- Other treatment providers cannot require you to sign this form.
- When you finish (or otherwise leave) the Program, your consent will expire.

Your Information

- Your drug, alcohol, and mental health treatment records are protected by state and federal law. Your information will not be shared with additional parties without your authorization.
- Court proceedings (and their records) are publicly available. The normal course of these proceedings may reveal identifying information. It's possible for an observer to connect specialty court participation and your treatment.
 - HIPAA Privacy rules no longer protect information disclosed in this way.

- Signing this consent form authorizes such a disclosure of your information
- Your treatment-related information can't be used in a criminal investigation against you.
 - Certain exceptions to this protection exist. Federal laws and regulations **don't** protect information about
 - committing a crime
 - threatening to commit a crime while on Program premises or against Program personnel
 - suspected child abuse
 - suspected child neglect
 - Violation of federal law or regulation is a crime and may be reported to either the US Attorney or to the Substance Abuse and Mental Health Services Administration (SAMHSA).

Legal Protections

The Federal and State laws which protect your information are listed here.

- Health Insurance Portability and Accountability Act of 1996. This is commonly abbreviated to HIPAA and is a federal law protecting your private health information.
- Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2. This federal regulation protects records of your participation in a federally-assisted program.
- ORS 3.450. This Oregon state law protects your drug treatment records.