**[COURT NAME] Circuit Intervention Court**

**NOTICE OF RIGHTS OF CONFIDENTIALITY**

(References 42 C.F.R. §2.22)

The confidentiality of substance use disorder participant records maintained by the [COURT NAME] Circuit Intervention Court Program is protected by federal and state law. Generally, the [COURT NAME] Circuit Intervention Court Program cannot say to a person outside the program that a participant attends the program, or disclose any information identifying a participant as having substance use disorder, unless:

1. The patient consents in writing.
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.

Violation of the federal law and regulations by the [COURT NAME] Circuit Intervention Court Program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations.

Federal law and regulations do not protect any information about a crime committed by a participant either at the intervention court program or against any person who works for the program or about any threat to commit such a crime.

Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that my treatment provider records may also be protected under the federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164. I also understand that such HIPAA protections may not apply to a re-disclosure by recipients of information disclosed pursuant to a waiver of these rights.

As a participant in the [COURT NAME] Circuit Intervention Court Program, you are provided this Notice of Rights of Confidentiality to advise you of your rights of confidentiality and the disclosure of confidential information. You may elect to waive your rights to confidentiality as defined within this notice by signing the **CONSENT FOR DISCLOSURE OF SUBSTANCE USE DISORDER TREATMENT INFORMATION**,which provides the necessary consent from you to allow the disclosure of confidential information as provided in section (1), “The patient consents in writing,” of this Notice.