



**SUPREME COURT OF MISSISSIPPI
ADMINISTRATIVE OFFICE OF COURTS**

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Drug Intervention Court Confidentiality Agreement

I, _____ (your name), understand that all alcohol, drug and mental health records are protected under the Federal regulations governing Confidentiality of Substance Use Disorder Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without a drug intervention court participant's written consent unless otherwise provided for by the regulations.

Furthermore, after a participant has consented to disclosure of his or her records, any discussion or disclosure of these records by me can only occur as necessary to fulfill my official duties of drug intervention court.

I further agree that all participant information contained and viewed within CaseWorx, the State of Mississippi's drug intervention court case management system, is confidential and shall not be discussed with anyone other than those persons who are authorized and working in their official capacity in the drug intervention court program. Access to CaseWorx shall be granted for the intended purpose of:

Court Personnel Contractual Worker/Other AOC/Supreme Court Personnel

_____ Title / Role

Signature / Individual

Date

Signature / Drug Intervention Court Coordinator or Judge

Date