**[COURT NAME] Circuit Intervention Court**

**CONSENT FOR DISCLOSURE OF
SUBSTANCE USE DISORDER TREATMENT INFORMATION**

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, having agreed to enroll and participate in the [COURT NAME] Circuit Intervention Court Program, acknowledge that the information of my participation is confidential and that any disclosure to which I agree is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance use disorder patient records. I am also aware that my treatment provider records are protected under the federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA), 45 C.F.R. Section 160 & 164. I understand that recipients of any of my information may redisclose it only in connection with their official duties. I also understand that it is unlawful to violate these confidentiality requirements. I have received and understand the **Notice of Rights of Confidentiality for [COURT NAME] Circuit Intervention Court Participants.**

I hereby consent to and authorize communication regarding my substance use disorder patient records and mental health records by and between Honorable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ , Honorable \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ and the staff of the [COURT NAME] Circuit Intervention Court, agents of the Mississippi Department of Corrections, all substance use disorder treatment facilities and their employees involved with the [COURT NAME] Circuit Intervention Court, all substance use disorder treatment providers and their employees involved with the [COURT NAME] Circuit Intervention Court, the court defense attorneys, court volunteers, court interns, law enforcement, any other member of the intervention court team, and any and all referring or treating agencies involved in the delivery of services to the [COURT NAME] Circuit Intervention Court.

I understand that the purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility for substance use disorder treatment and my treatment attendance, prognosis, compliance, and progress in accordance with the intervention court’s monitoring criteria.

I understand the extent and nature of this disclosure shall include evaluation results and recommendations, abstinence status, attendance records, progress reports and diagnosis, discharge summary, aftercare plans, prognosis, results of urinalysis, breathalyzer and/or lab tests, and cooperation with treatment programs relating to and regarding myself.

I also give my specific authorization for the disclosure of any mental health records, including any diagnosis or treatment history.

I authorize this information to be transmitted by any secure means, including letter, phone, and/or any electronic means.

I understand that confidential information relating to my case and my compliance with the program will be discussed in open court in the [COURT NAME] Circuit Intervention Court Program. I authorize this confidential information to be disclosed and discussed in open court.

I understand that this consent will remain in effect for the duration of my time that I am voluntarily participating in the [COURT NAME] Circuit Intervention Court program. If I choose to revoke my consent, I will be terminated from the [COURT NAME] Circuit Intervention Court program. This consent will also automatically terminate upon my successful completion of the intervention court requirements and graduation or upon my sentencing for violating the terms of my intervention court participation.

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Participant Signature Date

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participant Name Printed

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Intervention Court Staff Witness Signature Date

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Intervention Court Staff Witness Printed