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SAFE COURT PARTICIPANT CONSENT TO THE RELEASE AND EXCHANGE OF  
SUBSTANCE ABUSE TREATMENT INFORMATION

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Participate Name: \_\_\_\_\_ Case No. \_\_\_\_\_

The purpose of, and need, for, this, disclosure is to inform the Court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the SAFE Court program's monitoring criteria. The type and extend of the information to be disclosed will include only that information which is necessary for, and pertinent to, the SAFE Court's monitoring criteria in connection with my criminal charges.

\_\_\_\_\_I understand that such information, where necessary, will be disclosed in open court, which is a public forum, and I hereby authorize the same.

\_\_\_\_\_I understand that my records are protected under the Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, (42 CFR, Part 2), and that any information that identifies me as a patient in an alcohol, or other drug abuse program cannot be disclosed without my written consent except in limited circumstances as provided for in these regulations. I also understand that recipients of this information may disclose it only in connection with their official duties. I also understand that my records are currently protected under the Federal privacy regulations within the Health Insurance Portability and Accountability Act (HIPAA). 45 CFR Parts 160 and 165. I understand that my health information, specified above, will be disclosed pursuant to this authorization, and that the recipient of the information may redisclose the information and it may no longer be protected by the HIPAA privacy law. The Federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, noted above, will continue to protect the confidentiality of information that identifies me as a patient in an alcohol and other drug treatment program. I understand that by signing this form, I am authorizing the release of this privilege information.

\_\_\_\_\_I understand that the covered entity, my treatment provider, is not conditioning treatment, payment, enrollment, or eligibility for benefits on whether I sign this authorization.

\_\_\_\_\_I understand that as part of SAFE Court, I may participate in a public graduation ceremony, during which information about me that would otherwise be confidential may be disclosed. I understand I may choose not to participate in a public graduation, and my choice to do so will not be used against me in any way negatively affect my status in the SAFE Court program.

\_\_\_\_\_This authorization shall remain in effect as long as I am a participant in the SAFE Court Program. I understand this release will terminate upon my successful completion of the SAFE Court Program, my termination from the SAFE Court program, or on \_\_\_\_\_, whichever is first. I understand that if I revoke this authorization, my revocation will not affect information previously disclosed. I further understand that if I revoke this authorization prior to successful completion of all requirements within the SAFE Court program, my treatment provider is obligated to report my revocation to the Court and/or my probation officer, which could result in my termination from the SAFE Court program and my incarceration.

\_\_\_\_\_I consent to release and exchange of the following information pertaining to my treatment and/or progress, including but not limited to attendance, participation in programming, family history, medical history, work history, legal history, educational information, financial information, medical/mental health services including diagnosis, treatment and prognosis, statements made during treatment sessions and records of chemical and breath testing, to the following: The Malheur County SAFE Court Treatment Team, Circuit Court Judges, Malheur County Community Corrections, Contracted Polygraphists with Malheur County Community Corrections, Lifeways, UNIO, Malheur County District Attorneys, Department of Human Services, Training & Employment Consortium (TEC), Rader, Stoddard and Perez, Dr. Lawrence Stoune, Malheur County Law Enforcement Agencies, SAFE Court Alumni Group, the Ontario Justice Court, and the staff of the Malheur County Circuit Court involved in Court operations, record keeping, and treatment Court Staffing. I further authorize and consent to the exchange of information with other agencies in order to assist me in receiving appropriate community services attached hereto.

\_\_\_\_\_I hereby consent to the release of this information. I am signing as my free and voluntary act.

\_\_\_\_\_I certify that I have read this release or that it has been read to me and that I have initialed each paragraph above.

Signed: \_\_\_\_\_

Dated: \_\_\_\_\_

Certificate of Translator/Reader

I hereby certify that I \_\_\_\_\_read the above document to the signatory in English \_\_\_\_\_ translated the above document to the signatory from English to the Spanish language.

Dated: \_\_\_\_\_ Signed: \_\_\_\_\_