

CONSENT TO RELEASE OF INFORMATION



Participant Name (Printed)

Date of Birth

Parent/Guardian Name (if participant is less than 18 years of age)

Date of Birth

I/We consent to the release of all records and information (including information regarding parent/guardian) by the Drug Court Program to those agencies, organizations, and individuals indicated below. I/We also consent to the release of all records and information (including information regarding parent/guardian) maintained by those organizations, and individuals indicated below to be released to the Drug Court Program.

- Drug Court Staffings & Judicial Review Sessions
Office of the District Attorney
Office of the District Public Defender
Contracted Defense Attorney
Juvenile Probation and Parole Office
Adult Probation & Parole Office
Tularosa Police Department
Alamogordo Department of Public Safety
Cloudcroft Police Department
Ruidoso Downs Police Department
Ruidoso Police Department
Otero County Sheriff's Department
Lincoln County Sheriff's Department
Capitan Police Departments
Carrizozo Police Departments
New Mexico State Police
Alamogordo Public Schools
Ruidoso Public Schools
Capitan Public Schools
Cloudcroft Public Schools
Tularosa Public Schools
Carrizozo Public Schools
Hondo Public Schools
Corona Public Schools
Mescalero Public Schools
Drug Court Contractors
Other (specify):
Other (specify):
Other (specify):

I/We understand that information will be released and shared for the purposes of monitoring, reviewing, discussing, and reporting progress or lack of progress in the Drug Court Program. I further understand that participation in the Drug Court Program involves periodic reviews by the Drug Court Judge in court sessions which are open to the public. I/We understand and consent to the disclosure of protected, confidential information as is necessary during these periodic review sessions.

I/We understand that the specific information to be released includes identities, evaluations, diagnosis, treatment, prognosis, attendance, program compliance or non-compliance, drug and/or alcohol tests, lab results, any, and all records, reports, and/or data concerning participation in the Drug Court Program.

I/We understand the information to be released includes information regarding drug abuse/dependence, alcohol abuse/dependence, and/or mental health records. I/We understand that Part 2 of Title 42 of the Code of Federal Regulations, and/or the 12<sup>th</sup> Judicial District's Policies on Confidentiality of Drug Court Participant Records and Information which governs the confidentiality client records, binds any disclosure made and that recipients of this information may not re-disclose it without my expressed written permission or unless it is otherwise provided for in those regulations.

I/We understand that this Consent to Release of Information may not be revoked until such time as any legally mandated supervision (related to participation in Drug Court) of the participant is effectively terminated (e.g. completion or release from probation or parole, etc.), or no longer than six months after graduation from the Drug Court Program, whichever is sooner.

I/We certify that this Consent to Release Information has been made freely and voluntarily and the information given above is accurate to the best of my knowledge. I/We also hereby release the Drug Court Program from all legal liability that may arise from the release of this information.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Parent/Guardian Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date



*Otero County Juvenile Drug Court*

**12<sup>th</sup> Judicial District  
Juvenile Drug Court**

**Consent to Treatment and Notice of Limits of Confidentiality**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Juvenile Drug Court Program (JDC) is an intensive treatment and behavioral intervention program administered by the 12<sup>th</sup> Judicial District Court. As you consider your involvement with this treatment program, it is important that you fully understand what you will encounter. This form will answer most of your questions about treatment services offered by and through the JDC. If you would like additional information, please contact any member of the JDC team.

**Treatment:** Treatment in the JDC program involves both talking therapy and behavioral modification. Behavioral modification involves using a systematic process of incentives and consequences in response to a person's behavior. Over time, positive, healthy behaviors should become more frequent and a basis for your everyday life. Talking therapy is the process of solving problems by talking. A professionally trained counselor will help you achieve positive changes in your life. The process of change will, in many ways, be unique to your particular situation. In some instances, talking about your difficulties may make your symptoms worse; however, over time you should see an improvement. In addition, not all individuals benefit equally from treatment or by working with a particular counselor. If at any time during your treatment you have questions about whether or not the treatment is effective, or you have feelings about something your counselor has said or suggested, or you need clarification of your treatment goals, do not hesitate to bring this up with your counselor.

**Notice Regarding the Confidentiality of Alcohol and Drug Abuse Client Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by 42 CFR Part 2 and/or the 12<sup>th</sup> Judicial District's Policies on Confidentiality of Drug Court Participant Records and Information. Generally, the Drug Court may not say to a person outside the program that a person attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The patient consents in writing; or
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; or
4. The disclosure is made to authorities to report cases of suspected child abuse or neglect; or
5. The disclosure is necessary to prevent threatened harm to yourself, someone else, or in some cases, the property of others; or

6. The disclosure is necessary to report a crime committed by a client either at the program, against any person who works for the program, or about any threat to commit such a crime.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations or to the District's Privacy Officer. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal Regulations.)

Also, you should be aware that while we encourage your fellow group members not disclose communications that occur in the treatment group setting, there is no guarantee that they will do so. If you do not feel comfortable discussing a topic in group, make arrangements to see your counselor privately.

**After Hours Emergencies:** Your counselor will provide you with a means of contact in case of a crisis. If you cannot reach your counselor, or if a crisis involves imminent danger to you or another person, you should call 911 for immediate assistance.

**Terminating Treatment:** You have the right to terminate your participation in the JDC at any time without anyone's permission or agreement. You should understand that because this is a court administered program, the JDC will report your decision to the judge and the referring agency, and there may be legal consequences of your decision. If you do decide to exercise this option, you are strongly encouraged to talk with an JDC team member first.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

**I have read, understand, and agree to the information described above. I also understand I will receive a copy of this *Consent to Treatment and Notice of Limits of Confidentiality* form.**

\_\_\_\_\_  
Participant Signature      Date

\_\_\_\_\_  
Parent Signature      Date

\_\_\_\_\_  
Witness Signature      Date

SIXTH JUDICIAL DISTRICT JUVENILE DRUG COURT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE  
TREATMENT INFORMATION

I, \_\_\_\_\_, hereby consent to communication between Border Area Mental Health Services, Inc. (BAMHS) and Juvenile Drug Court Judge V. Lee Vesely, and members of the Sixth Judicial District assigned Juvenile Drug Court Team, including, but not limited to, contract public defender, Alan Wagman, prosecutor/district attorney Jim Foy or his designee, probation officer(s) \_\_\_\_\_, and Juvenile Drug Court Coordinator Win Taylor.

The purpose of, and need for this disclosure is to inform the Court and all above-named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and program in accordance with the Juvenile Drug Court monitoring criteria. In addition, this consent will cover disclosure of information to the Juvenile Drug Court Team concerning school records, medical information, legal information, and employment.

Disclosure and/or re-disclosure of this confidential information may be made only as necessary for and pertinent to hearings and/or reports concerning my Juvenile Drug Court referral for case number(s) \_\_\_\_\_. Disclosure and/or re-disclosure of confidential information by Juvenile Drug Court staff and team members is limited to communications made in the performance of their official duties as members of the Juvenile Drug Court Team.

I understand that this consent will remain in effect until revoked by me or until there has been a formal and effective termination of my involvement with the Juvenile Drug Court for the above-named case(s). I understand that a revocation by me will result in a formal and effective termination of my involvement with the Juvenile Drug Court for the above-named case(s). Such termination may also result from the discontinuation of all court and/or probation supervision

upon my successful completion of the Juvenile Drug Court requirements or my exclusion from Juvenile Drug Court due to documented non-compliance with Juvenile Drug Court rules, regulations and procedures.

I understand that any disclosure of confidential substance abuse treatment information is governed by the federal law (Part 2 of Title 42 of the Code of Federal Regulations) which pertains to the confidentiality of substance abuse patient (or client) records.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Name of Child

\_\_\_\_\_  
Child's Signature

\_\_\_\_\_  
Signature of Defense Counsel

I have read and understand the foregoing Consent for Disclosure of Confidential Substance Abuse Treatment Information as it pertains to my child's participation in the Sixth Judicial District Juvenile Drug Court.

\_\_\_\_\_  
Signature of Parent/Guardian



*Lincoln County Juvenile Drug Court*

**12<sup>th</sup> Judicial District  
Juvenile Drug Court  
Notice of Privacy Practices**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

**Our Commitment to Your Privacy**

The Juvenile Drug Court Program (JDC) is an intensive treatment and behavioral intervention program administered by the 12<sup>th</sup> Judicial District Court. We are strongly committed to maintaining the privacy of your personal health information. This form will provide you information on how we will use information about your health that we get from you and from others.

**How Drug Court Uses Your Information**

We use information about your health primarily to facilitate your treatment, coordinate services, and monitor your progress within the JDC. The *Release of Information* that you sign prior to your acceptance into the JDC includes other team members, individuals and agencies that may be necessary for us to contact so that we can coordinate services on your behalf.

**Your rights regarding your health information**

1. You have the right to ask us to communicate with you about your health information and related issues in a particular way or at a certain place. For example, you may wish us to call you at home and not at work to schedule or cancel an appointment. We will honor your request to the greatest degree possible.
2. You have the right to ask us to limit what we tell certain individuals involved in your care. We will honor your request to the greatest degree possible except if it is against the law, is an emergency, or when sharing that information is necessary as part of your participation in the JDC.
3. You have a right to view your health information. You may request a copy of this information at a nominal fee. Contact our Privacy Officer to arrange to view your records.
4. If you believe information in your records is incorrect or incomplete, you may make a formal request to change to your health information. You must make your request in writing, inform us of the reasons for the change, and send it to our Privacy Officer. All requests will be fully considered.

5. You have a right to file a complaint if you believe that your privacy rights have been violated. All complaints must be in writing. You may file the complaints with appropriate authorities in accordance with Federal regulations, our Privacy Officer and/or the presiding Drug Court Judge.
6. You have a right to have a copy of this notice.
7. Filing a complaint will not change the services we provide to you in any way.

If you have any questions regarding this notice or our health information privacy policies, please contact our Privacy Officer, Rick Gilsdorf at (505) 437-3714.

**I have read, understand, and agree to the practices described in this form.**

\_\_\_\_\_  
Participant Signature      Date

\_\_\_\_\_  
Parent Signature      Date

\_\_\_\_\_  
Witness Signature      Date



*Lincoln County Juvenile Drug Court*

**12<sup>th</sup> Judicial District  
Juvenile Drug Court**

**Consent to Treatment and Notice of Limits of Confidentiality**

Participant Name: \_\_\_\_\_ Date: \_\_\_\_\_

The Juvenile Drug Court Program (JDC) is an intensive treatment and behavioral intervention program administered by the 12<sup>th</sup> Judicial District Court. As you consider your involvement with this treatment program, it is important that you fully understand what you will encounter. This form will answer most of your questions about treatment services offered by and through the JDC. If you would like additional information, please contact any member of the JDC team.

**Treatment:** Treatment in the JDC program involves both talking therapy and behavioral modification. Behavioral modification involves using a systematic process of incentives and consequences in response to a person's behavior. Over time, positive, healthy behaviors should become more frequent and a basis for your everyday life. Talking therapy is the process of solving problems by talking. A professionally trained counselor will help you achieve positive changes in your life. The process of change will, in many ways, be unique to your particular situation. In some instances, talking about your difficulties may make your symptoms worse; however, over time you should see an improvement. In addition, not all individuals benefit equally from treatment or by working with a particular counselor. If at any time during your treatment you have questions about whether or not the treatment is effective, or you have feelings about something your counselor has said or suggested, or you need clarification of your treatment goals, do not hesitate to bring this up with your counselor.

**Notice Regarding the Confidentiality of Alcohol and Drug Abuse Client Records**

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by 42 CFR Part 2 and/or the 12<sup>th</sup> Judicial District's Policies on Confidentiality of Drug Court Participant Records and Information. Generally, the Drug Court may not say to a person outside the program that a person attends the program, or disclose any information identifying a client as an alcohol or drug abuser unless:

1. The patient consents in writing; or
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; or
4. The disclosure is made to authorities to report cases of suspected child abuse or neglect; or
5. The disclosure is necessary to prevent threatened harm to yourself, someone else, or in some cases, the property of others; or

6. The disclosure is necessary to report a crime committed by a client either at the program, against any person who works for the program, or about any threat to commit such a crime.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations or to the District's Privacy Officer. (See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for Federal laws and 42 CFR part 2 for Federal Regulations.)

Also, you should be aware that while we encourage your fellow group members not disclose communications that occur in the treatment group setting, there is no guarantee that they will do so. If you do not feel comfortable discussing a topic in group, make arrangements to see your counselor privately.

**After Hours Emergencies:** Your counselor will provide you with a means of contact in case of a crisis. If you cannot reach your counselor, or if a crisis involves imminent danger to you or another person, you should call 911 for immediate assistance.

**Terminating Treatment:** You have the right to terminate your participation in the JDC at any time without anyone's permission or agreement. You should understand that because this is a court administered program, the JDC will report your decision to the judge and the referring agency, and there may be legal consequences of your decision. If you do decide to exercise this option, you are strongly encouraged to talk with an JDC team member first.

Please sign this form and keep a copy for yourself for future reference. Should you have any questions at any time, please ask.

**I have read, understand, and agree to the information described above. I also understand I will receive a copy of this *Consent to Treatment and Notice of Limits of Confidentiality* form.**

\_\_\_\_\_  
Participant Signature                      Date

\_\_\_\_\_  
Parent Signature                      Date

\_\_\_\_\_  
Witness Signature                      Date

FIRST JUDICIAL DISTRICT COURT  
JUVENILE DRUG COURT

**CONFIDENTIALITY AGREEMENT BETWEEN DRUG COURT PARTICIPANTS**

I, \_\_\_\_\_, hereby agree to maintain the confidentiality of all communications during drug court proceedings, individual counseling sessions, group therapy sessions, and all other discussions between any and all drug court participants, counselors, therapists, probation officers, teachers, school counselors, school principals, defense attorneys, prosecutors, district attorneys, police officers, judges, drug court personnel, and any other personnel involved in the Drug Court Team or privy to confidential information about the drug court and drug court participants.

This pledge to maintain the confidentiality of information shared, learned or provided as part of my participation in the Juvenile Drug Court Program signifies that I will not divulge any information I acquire from my participation in the Juvenile Drug Court Program with anyone not involved in the Drug Court and also obligated to maintain the confidentiality of Drug Court communications. Those not privileged to receive confidential drug court communications include, but is not limited to friends, parents, brothers and sisters, relatives (my own relatives and the relatives of other drug court participants), neighbors, teachers, school classmates, members of the press or news media, and the public in general.

I understand that the communications between drug court participants and information disclosed by drug court participants is confidential and personal information that I promise not to disclose to anyone who is not involved in Drug Court. I also understand that the confidentiality of communications and information about Drug Court participants may be protected by Federal Law.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Juvenile Drug Court Participant's Signature

\_\_\_\_\_  
Interpreter Signature (where applicable)

\_\_\_\_\_  
Parent/Guardian/Custodian Signature

JUVENILES

Number: FJDC-201.1  
Issued: 10/01/01  
Revised: N/A

FIRST JUDICIAL DISTRICT COURT  
JUVENILE DRUG COURT

CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE  
TREATMENT INFORMATION

Part I.

I, \_\_\_\_\_, hereby consent to communications between  
Name of Participant \_\_\_\_\_, and the Presiding Juvenile Drug Court Judge,  
Treatment Program \_\_\_\_\_, including any of the following members of the  
First Judicial District Court Juvenile Drug Court Teams:

\_\_\_\_\_  
Drug Court Director

\_\_\_\_\_  
Program Coordinator

\_\_\_\_\_  
Appointed Asst. Public Defender

\_\_\_\_\_  
Appointed Asst. District Attorney

\_\_\_\_\_  
Juvenile Probation Officer

\_\_\_\_\_  
School Representative (academic progress)

\_\_\_\_\_  
Local Police Representative

\_\_\_\_\_  
Sheriffs Office Representative

I understand that any disclosure of confidential substance abuse treatment information is governed by the federal law (Part 2 of Title 42 of the Code of Federal Regulations) which pertains to the confidentiality of substance abuse patient (or client) records.

The purpose of, and need for this disclosure is to inform the Court and all above named team members of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance, and program in accordance with the Juvenile Drug Court monitoring criteria. Disclosures and/or re-disclosure of confidential information by Juvenile Drug Court staff and team members is limited to communications made in the performance of their official duties.

I understand that I may revoke this consent at anytime, but that revocation will result in dismissal from the program. This consent will remain in effect until there has been a formal and effective termination of my involvement with the Drug Court Program for the above named case.

\_\_\_\_\_  
Participant/Date

\_\_\_\_\_  
Parent/Guardian/Custodian/Date

\_\_\_\_\_  
Interpreter Signature (where applicable)