



CONSENT FOR THE RELEASES OF CONFIDENTIAL TREATMENT INFORMATION

Participant Date of Birth: ____/____/____
MM DD YYYY

I, _____ do hereby consent and authorize any and all of the team members
(Printed Name of Participant)
of the **Drug Treatment Court Sentencing Program for Grafton County** to have reciprocal verbal communication and to exchange written records with:

- | | | | |
|---|---|---|--|
| <input type="checkbox"/> Annie Crowley (Case Manager), Drug Treatment Court of Grafton County | <input type="checkbox"/> Jamie Brooks Esq. (Public Defender), NH Public Defenders | <input type="checkbox"/> David Carlson (Clerk of Courts), Grafton County Superior Court | <input type="checkbox"/> Francine Morgan (Program Director), NCHC |
| <input type="checkbox"/> Rhonda Bishop (LADC), Drug treatment Court of Grafton County | <input type="checkbox"/> Amanda Perry (Probation Officer), Drug Treatment Court of Grafton County | <input type="checkbox"/> Viktoriya Kovalenko (County Attorney) | <input type="checkbox"/> Stacie LaClerc (Clinical Director), NCHC |
| <input type="checkbox"/> Rob Akesson (Case Manager), Drug Treatment Court of Grafton County | <input type="checkbox"/> Lawrence McLeod (Judge), Grafton County Superior Court | <input type="checkbox"/> Christopher Laurent, APRN, FNP-BC | <input type="checkbox"/> Paul Smith (Chief of Police), Littleton Police Department |
| | <input type="checkbox"/> Other _____ | <input type="checkbox"/> Other _____ | |

I DO GIVE CONSENT
(Initial line)

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(Initial line)

- | | |
|--|---|
| 1. Addiction Severity Index (ASI) Assessment _____ | 10. Psychiatric or Psychological Progress Reports _____ |
| 2. Bio-Psycho-Social Assessment _____ | 11. Summary Diagnosis _____ |
| 3. Current Medications _____ | 12. Current Symptoms and Treatment Plan _____ |
| 4. Result of Psychological Evaluation(s) _____ | 13. Statement of Treatment Prognosis _____ |
| 5. Discharge Summary _____ | 14. Statement of Treatment Status/Progress _____ |
| 6. Medical and Physical Examination Results _____ | 15. Results of Drug Testing (including but not limited to, urine, saliva, breath, and perspiration) _____ |
| 7. Other Medical Results _____ | 16. Employment _____ |
| 8. Admissions/Intake Summary _____ | 17. _____ |
| 9. Program Attendance (session, type, frequency) _____ | |

I UNDERSTAND
(Initial line)

- | | |
|---|-------|
| 1. The purpose or need for such disclosure authorized herein is to comply with the conditions of court orders, assist with assessment and appropriate referral, and/or to keep the Court informed of my status in treatment. | _____ |
| 2. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent will remain in force for one (1) year. | _____ |
| 3. I understand that my continued participation in the Grafton County Drug Court sentencing Program is conditioned upon ongoing communication between the court and my treatment provider. | _____ |
| 4. I understand that I will be asked to renew this consent, at a minimum, on an annual basis, throughout the course of my participating in the Grafton County Drug Court Sentencing Program. | _____ |
| 5. 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 the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the Code of Federal Regulations. | _____ |

Participant's Signature

Date

Signature of Witness

Date

Name & Title of Witness (PRINTED)