

STATE OF MINNESOTA  
COUNTY OF CARVER

DISTRICT COURT  
FIRST JUDICIAL DISTRICT

State of Minnesota

v.

Case # \_\_\_\_\_

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**CONSENT TO RELEASE PRIVATE HEALTH, ALCOHOL/DRUGS  
AND MENTAL HEALTH RECORDS AND INFORMATION**

I, \_\_\_\_\_, D.O.B: \_\_\_\_\_ authorize

Carver County Drug Treatment Court Team members and representatives, including supervisors and designees from the following agencies:

a. My alcohol or drug treatment providers:

\_\_\_\_\_

b. My mental health agencies or providers including:

\_\_\_\_\_

c. My medical care providers including:

- |  |   |
|--|---|
| d. The Carver County Drug Treatment Court Judge and District Court Judge designees | m. Carver County Chemical Health Assessor/Social Worker and Supervisors |
| e. Carver County Drug Treatment Court Coordinator                                  | n. NorthStar Regional Treatment Providers and Supervisors               |
| f. Carver County Attorney's Office   | o. First Street Center Mental Health Services                           |
| g. Chanhassen City Attorney's Office   | p. Carver County Drug Treatment Court Program Evaluator                 |
| h. First District Public Defender's Office   | q. Carver County Court Services   |
| i. Minnesota Department of Corrections Probation Agents and Supervisors            | r. Carver County Jail Medical   |
| j. Carver County Sheriff's Office Law Enforcement Representatives                  | s. Minnesota Monitoring Inc.  |
| k. Chaska Police Department Law Enforcement Representatives                        | t. Other:   |
| l. Carver County Jail Re-Entry Program Coordinator                                 | _____   |
|  | _____   |

To communicate with and disclose to one another the following information:

- My name and other personal, identifying information
- My demographic information
- My residency and contact information

- Assessment results pertaining to my eligibility for CCDTC and treatment and supervision
- My mental health and/or substance use history and diagnosis
- Assessments, Evaluations, and/or Progress Reports
- My status as a patient in alcohol/drug/mental health treatment or services
- Attendance at scheduled appointments
- My cooperation with the treatment program and my prognosis
- Evidence of my treatment related attitudinal improvements, such as increased insight or motivation for change
- Evidence of my symptom resolution, such as reduction in substance cravings or withdrawal symptoms
- My treatment court plan and summaries of my progress in reaching my treatment plan goals
- Laboratory testing/results (e.g. drug screens, blood-borne pathogen screens), including efforts to defraud or invalidate said tests
- My attainment of Drug Treatment Court phase requirements, including obtaining and maintaining stable housing, employment or enrolling in an educational program
- Discharge plans for my alcohol/drug treatment and mental health services
- Date of discharge from my alcohol/drug treatment and mental health services, and discharge status
- Information related to my continuing care coordination
- My adherence to legally prescribed and authorized medically assisted treatments
- List of prescribed medications and any changes made to medications
- Procurement of unauthorized prescriptions for addictive or intoxicating medications
- My compliance with electronic monitoring, home curfews, travel limitations, and geographic or association restrictions
- Contact with any law enforcement agency during my participation with the court including the commission of or arrests for new offenses
- Menacing, threatening, or disruptive behavior by me directed at staff members, participants or other persons
- Information and data collected during and after my participation with treatment court to be used for research and evaluation purposes

The purpose of the release of information authorized in this consent is to:

- a. Enable the treatment court and its members to determine my eligibility for the treatment court program;*
- b. Judge my progress in treatment and the program;*
- c. Evaluate my need for services from the treatment court and its members;*
- d. Coordinate the treatment court and its members' services to me; and*
- e. Evaluate the program*

1. I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and 38 U.S.C. 7332, as well as the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Parts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I understand that my medical records are protected by federal law and regulations. I also understand that my records concerning mental health services I receive are protected by state law.

2. I understand that to be considered for participation in the Carver County Drug Treatment Court, I must allow my medical and alcohol/drug treatment providers to furnish information (including mental health) relating to my treatment to any member of the Drug Treatment Court for the duration of my participation in the Drug Treatment Court and by signing this agreement I agree to the disclosure of such records and information.

3. I understand that I may revoke this consent at any time by giving written notice except to the extent that action has been taken in reliance on it.

4. I understand that I am under no obligation to sign this authorization. However, I understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent, I will not be eligible to participate in Carver County Drug Treatment Court and if currently enrolled, such action is grounds for immediate termination from Carver Drug Treatment Court.

5. I understand the Drug Treatment Court Team is composed of the following:

- |  |   |
|--|---|
| a. Treatment Court Judge and Law Clerk                                       | g. Carver County Chemical Use Assessor from Health and Human Services     |
| b. Treatment Court Coordinator from Carver County Court Services             | h. Licensed Mental Health Social Worker from First Street Center          |
| c. Prosecutor from the Carver County Attorney's Office                       | i. Treatment Provider/Licensed Counselor from NorthStar Regional          |
| d. Defense Counsel from the First Judicial District Public Defender's Office | j. Law Enforcement Representative from the Carver County Sheriff's Office |
| e. Probation Agent from the Minnesota Department of Corrections              | k. Law Enforcement Representative from the Chaska Police Department       |
| f. Jail Re-Entry Coordinator from Carver County Court Services               | l. Treatment Court Program Evaluator                                      |

6. I recognize that my review hearings are held in an open and public courtroom, and it is possible that an observer could connect my identity with the fact that I am in treatment as a condition of participation in Drug Treatment Court. I understand my medical and treatment information may be discussed in Court. I specifically consent to this potential disclosure to third persons.

7. I understand that I have a right to receive a copy of this authorization if I so choose.

8. This authorization becomes effective on the date of my signature and expires twelve (12) months from that date; however, if I am accepted into Carver County Drug Treatment Court, the release will expire twelve (12) months from the date of termination, graduation or discharge from the program. I further understand that my records may be transmitted by fax and electronically.

9. I have read this document, or it has been read to me, and I understand its contents. By signing this Consent, I am telling the Court that I understand the rights I am waiving.

DATE \_\_\_\_\_

\_\_\_\_\_  
Defendant