



**AUTHORIZATION TO RELEASE INFORMATION WITHIN THE MAINE
TREATMENT COURT TEAMS**

Participant: _____
DOB: ____/____/____
SS#: ____/____/____
Docket Number(s): _____

PLEASE NOTE: Information contained in this release and any records produced as a result of this release are confidential and not open to public inspection.

I have read or had explained to me the *Notice to patients pursuant to 42 C.F.R. section 2.22* about the disclosure of my substance use treatment and mental health treatment information. I understand this form and consent to the exchange of the following information by the Maine Treatment Courts, their team members, authorized employees, or agents with:

Name/Agency: _____	Name/Agency: _____
Address: _____	Address: _____
Name/Agency: _____	Name/Agency: _____
Address: _____	Address: _____
Name/Agency: _____	Name/Agency: _____
Address: _____	Address: _____
Name/Agency: _____	Name/Agency: _____
Address: _____	Address: _____

Check the following types of information to be released:

- Results of case management screening
- Results of treatment screening and assessment
- Progress in Maine Treatment Court
- Maine Treatment Court case plans
- Aftercare plan
- Progress in substance use treatment, mental health treatment, medical treatment, dental treatment, all other forms of treatment and social services, including case management

Prescribed medication(s)

I do do not authorize the release of information regarding HIV/AIDS diagnosis or treatment.

Other information to be released: _____

I authorize the court team to discuss information regarding me during pre-court briefings without me or my attorney present and in status hearings in the courtroom with other court participants present.

The purpose of the release is to permit discussion of my progress in treatment; my progress on probation, if applicable; my service plans; and my compliance with court expectations.

I understand that I may refuse to sign this authorization, which will result in my expulsion from the Maine Treatment Court.

I understand that this consent will remain in effect during my time in the Maine Treatment Court. My revocation of this authorization will result in my expulsion from the Maine Treatment Court. In addition, this authorization will be deemed revoked upon my graduation from Maine Treatment Court or upon my expulsion for not meeting the expectations of the Maine Treatment Court agreement.

I understand that information about my progress in treatment and the Maine Treatment Court program may be shared with program evaluators. The evaluators may provide reports to the court or state agencies. Any information used by the evaluators will not include identifying information about me.

I understand that any disclosure made is bound by *Part 2 of Title 42 of the Code of Federal Regulations*, which governs the confidentiality of substance use patient records, and that upon receiving this information re-disclosure may only be made in connection with official duties. I may have a copy of this authorization form upon request.

I understand that information that is related to my recovery may be received from a third party and disclosed to the presiding judge and the Maine Treatment Court team.

Further releases for disclosure between the Maine Treatment Court team to specified parties shall be executed on a case-by-case basis by the case manager.

If this information is disclosed to a third party, the information may no longer be protected by federal privacy regulations and may be re-disclosed by the person or organization that receives the information.

I release the Maine Treatment Court, its staff members, authorized employees, or agents from any legal responsibility or liability for the disclosure of the information about me to the extent indicated and that I have authorized on this form.

Participant: _____ Date: _____

Witness: _____ Date: _____

Notice to patients pursuant to 42 C.F.R. Sec. 2.22

The confidentiality of alcohol and drug use patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug user unless:

- (1) The patient consents in writing;*
- (2) The disclosure is allowed by 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.*

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Per 42 U.S.C. § 290dd-3 (c) Prohibition against use of record in making criminal charges or investigation of patient. Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation of a patient.

See 42 U.S.C. § 290dd for federal law and 42 C.F.R. Part 2 for federal regulations.