



Maine Treatment Court

Court Observation Confidentiality Form

I, _____, from the agency or organization _____, acknowledge that communication of confidential medical, mental health, and substance use related records, child-welfare records, employment records, school records, and criminal history records that take place between the Maine Treatment Courts and any program participant in a meeting or courtroom setting is confidential information that I am privy to during the course of my observation.

I agree to keep such information confidential and will not share such information with others without the express written consent of the individual participant. I further agree to return, prior to my departure from the courthouse, any written materials containing participant information that I may receive to review during the course of my observation.

I understand that individuals participating in a Maine Treatment Court may, at any time, refuse to have their program status, progress, and non-compliance discussed in my presence and that such participants will not be seen in my presence. I also understand that the judge may elect to excuse me from the courtroom or meeting to address such participants and invite me back to continue observation.

Observer Signature

Date