State of Michigan In the 61st District Court	Multiple-Party Consent for Release of Information	Case Number:
Kent County Courthouse, Suite 2200, 180 Ottawa NW, Grand Rapids, MI, 49503-2751		616. 632.5650

Participant's Full Name: _____ DOB: _____

I authorize the following parties:

1. 61st District Court Specialty Court Program
2. Kent County MDOC
3. 61st District Court Probation Department
4. Kent County Prosecutor's Office
5. Network 180
6. Treatment Provider
7. Attorney Robert Dixon
8. Attorney Charles Boekeloo
9. 61st District Court Drug Testing Lab
10. Total Court Services
11. Kent County Office of Community Corrections
12. Secretary of State
13. Other:_____

If information is authorized to be released to a party under a general designation, the participant (or other individual authorized to sign in lieu of the participant), understands that, upon request and consistent with this part, the 61st District Court Drug Court Program will provide a list of entities to which their information has been disclosed pursuant to the general designation (see § 2.13(d)).

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

INFORMATION TO BE SHARED

1. Name, address, and other personal identifying information of the participant.
2. 61st District Court Drug Court Program (GAIN, COMPAS, risk and needs, etc.) assessments.
3. 61st District Court Drug Court Program behavior summaries and updates.
4. Treatment information, including assessments, attendance, progress and compliance reports, treatment plans and discharge summaries.
5. Drug and alcohol screening, testing, confirmation results, and payment information.
6. Health information
7. Reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
8. Health plan or health benefits information.
9. Electronic monitoring information, including compliance and payment information.
10. Any information required to obtain a restricted license.
11. Other (specify, if any): _____

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared:_____

PURPOSE OF USE AND DISCLOSURE

The purpose for the disclosure authorized by this form are:

1. To determine whether an individual is eligible for the problem-solving court.
2. To obtain a restricted license.
3. To assess the participant's need for substance use, mental health, or developmental disabilities services and treatment.
4. To provide, manage, and coordinate the 61st District Court Drug Court program and substance use, mental health, and developmental disabilities services and treatment for the participant.
5. To develop a Person-Centered Plan, Service Plan, and/or Treatment Plan for the participant.
6. To make dispositional recommendations for a court-involved participant.
7. To monitor payment for services, and establish financial assistance if determined necessary.
8. To improve service and treatment outcomes for participants involved in the 61st District Court Drug Court program.
9. Other (Please specify): _____

REDISCLOSURE AND CONFIDENTIALITY

Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 CFR, Parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing information to others. However, substance-abuse treatment information protected by federal law (42 CFR, Part 2), shall remain confidential and must not be redisclosed by the recipient except as authorized by those laws or this authorization. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.
This consent for release of information shall expire upon my successful graduation from the problem solving court program; or upon termination for violation of the 61st District Court Drug Court Program terms or upon a date certain for other specified reasons.

CONFIDENTIALITY RIGHTS

Federal law protects the confidentiality of treatment records under 42 CFR, Section 2.1 through Section 2.67; and Section 290dd-2. This means that:

1. Treatment information is ordinarily kept confidential.
2. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the **61st District Court Drug Court Program** or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
3. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the **61st District Court Drug Court Program** team members at a staffing meeting. I understand that if a non-team member is invited to participate in a staffing meeting they must receive my consent prior to observation.

4. If I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent such action is grounds for immediate termination from the **61st District Court Drug Court Program**.
5. It is a crime to violate confidentiality requirements, and the participant may report such violations to Michigan's Attorney General at 517.335.7622.
6. Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances**,** and may include medical emergency, crimes on the premises, crimes against staff, administration/qualified service providers working with the **61st District Court Drug Court Program**, and outside auditors, central registries and researchers).
7. Federal law does not protect information relating to the abuse or neglect of a child, state child abuse laws, court orders signed pursuant to 42 CFR part 2 for release of specific information, state laws relating to cause of death and duty to protect others, and to warn of serious imminent harm.

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.
SIGNATURE CONSENTING TO THE RELEASE OF INFORMATION

_____ _____
Participant signature Date