

**IN THE CIRCUIT COURT OF THE SIXTH JUDICIAL CIRCUIT
CHAMPAIGN COUNTY, ILLINOIS**

**CONSENT FOR DISCLOSURE OF CONFIDENTIAL SUBSTANCE ABUSE INFORMATION
DRUG COURT REFERRAL**

I, _____, hereby consent to communication between Prairie Center including its designated treatment provider and any judge assigned my case, the Champaign County State's Attorney's Office, the Champaign County Court Services Department, T.A.S.C., Champaign County Mental Health Center and any organization or person identified in my treatment plan at Prairie Center who are to provide services for me that are necessary for my progress in drug court.

I understand that at the discretion of the presiding Drug Court Judge, for purposes of research and education, other persons will be permitted to attend the Drug Court meetings where communication as to my case will occur.

The purpose of, and need for, this disclosure is to inform the Court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services, and my treatment attendance, prognosis, compliance, and progress in accordance with the Drug Court Program's monitoring criteria.

Disclosure of this confidential information may be made only as necessary for, and pertinent to, hearings and/or reports concerning _____

(Charge)

(Case Number)

I understand that participation is voluntary and that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Drug Court Program for the above-referenced case, such as the discontinuation of all Court and/or Court Services supervision upon my successful completion of the Drug Court and Probation requirements OR upon revocation of Probation and re-sentencing for violating the terms of Drug Court and/or Probation to a sentence other than Drug Court.

I understand that the Drug Court team will discuss my current situation and cooperation with Champaign County Drug Court outside of my presence. I have discussed this with my attorney.

I understand that if I do not fully comply with the program, the Judge may impose sanctions based upon the severity of the violation. I will have to complete the sanctions to continue in the program. The sanctions could include community service work, jail time, additional treatment or anything deemed appropriate by the Judge.

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 abuse patient records, and that recipients of this information may further disclose it only in connection with their official duties.

(Date)

Name (Print or Type)

Signature

Signature of Interpreter
(where applicable)

Signature of Parent or Guardian
(where applicable)

I HAVE REVIEWED THIS CONSENT WITH THE DEFENDANT. THE DEFENDANT UNDERSTANDS IT AND VOLUNTARILY AGREES TO PARTICIPATE. I FURTHER UNDERSTAND THAT THE DRUG COURT TEAM WILL BE DISCUSSING THE DEFENDANT'S SITUATION AND COOPERATION WITH HIS TREATMENT PLAN. I ACKNOWLEDGE THAT I CAN APPEAR AT ANY TEAM MEETING WHERE THE DEFENDANT IS DISCUSSED BY THE TEAM, AND THAT THE TEAM CAN AND WILL DISCUSS THE DEFENDANT'S SITUATION AND COOPERATION WITH DRUG COURT REQUIREMENTS IF I DO NOT APPEAR AT THE TEAM MEETING.

(Date)

Signature of Defense Counsel

(Date)

Accepted by: _____
Judge