

## Appendix C: Waiver of Confidentiality and Agreement to Ex Parte Communication

All Juneau County Adult Drug Court participants, whether proposed or accepted into the program, are required to provide authorization to disclose confidential information as part of their application to and participation in the Drug Court. The purpose of this authorization is to give the Drug Court Team access to any and all necessary participant healthcare and non-healthcare information to evaluate and assess the participant's entry into the treatment court program, to determine an appropriate and individualized treatment plan, and to evaluate and monitor the participant's success under that plan.

1	I agree to execute a consent for disclosure of confidential health and medical and non-health information. I understand members of the Drug Court Team may require me to provide very personal information. This may include, but is not limited to, drug and alcohol use, my criminal record, education and work history, family history, medical information, physical and sexual abuse history, and psychiatric information.	
2	I understand information and documents received through any consent for disclosure of confidential health and medical and non-health information, and by my signature on this waiver and agreement, may be copied and shared between members of the Drug Court Team, which consists of the Drug Court Judge, Drug Court Coordinator, Public Defender, District Attorney, Law Enforcement, Probation Agent, Human Services, and Treatment Providers. I understand that the members of the Treatment Team may change.	
3	I understand information and documents received through this waiver and information relevant to my progress and participation in treatment may be discussed in open court and may be disclosed to other participants in Drug Court and observers of Drug Court including, but not limited to, members of the public and/or media. No pictures or representations of me and no identifying information about me may be disclosed to the public other than in the Drug Court courtroom without my expressed written consent.	
4	I understand people other than Drug Court Team members may occasionally observe a Drug Court Treatment Team meeting/staffing, with the understanding that the meetings are confidential.	
5	I understand some information relating to my Drug Court participation will be publicly available in my criminal court file, which is kept by the clerk of circuit court. This information includes: <ul style="list-style-type: none"> <li>• Any order referring the participant for a Drug Court assessment;</li> <li>• Any notice admitting or rejecting the participant to Drug Court;</li> <li>• Any proceedings or orders regarding involuntary termination from Drug Court;</li> <li>• Any acknowledgement of successful completion of Drug Court.</li> </ul>	
6	I understand some information relating to my Drug Court participation will be kept separate from the regular court file and kept confidential. Access to this information is limited to members of the Drug Court Team unless I consent to additional disclosure or unless otherwise ordered by the Court. This information includes: <ul style="list-style-type: none"> <li>• Any application to participate in the Drug Court;</li> <li>• Any information gathered to evaluate the application;</li> </ul>	

	<ul style="list-style-type: none"> <li>• A Drug Court participation contract;</li> <li>• All medical information and history of substance abuse: diagnosis, drug and alcohol use, monitoring, medical and psychological reports, prescriptions, etc.;</li> <li>• All Drug Court Team information: weekly progress reports, information provided by team members, team member recommendations;</li> <li>• Any agreement by Drug Court Team that information in treatment file shall be used only for purposes of Drug Court.</li> </ul>	
<b>7</b>	<p>I understand there are exceptions to the confidentiality of the information referenced in #6. Those exceptions include:</p> <ul style="list-style-type: none"> <li>• General information that does not identify me</li> <li>• Information pertaining to a medical emergency</li> <li>• Information that must be released via a court order</li> <li>• Information regarding a crime perpetrated during the course of the program, or while on program premises, or in Court or staffing, or against team personnel</li> <li>• Information pertaining to child abuse, child neglect, or abuse/neglect of a vulnerable elder/adult. Information related to a crisis, such as threats of self-harm or harm to another</li> <li>• Information for the purpose of research or audits.</li> </ul>	
<b>8</b>	<p>I understand the Judge may initiate, permit, or consider ex parte communication with members of the Drug Court Team at team meetings, or by written documents provided to all members of the Drug Court Team. I understand this means that even when I am not present, the Judge may discuss me and learn or review any information about me that could affect my participation in Drug Court.</p>	
<b>9</b>	<p>I understand statements I make in Drug Court or to treatment providers about personal drug and alcohol use are not for any other purpose including use in any other criminal proceeding or investigation in which I am either a potential witness or suspect.</p>	
<b>10</b>	<p>For the purposes of Drug Court hearings, I agree to waive my right to have my attorney of record present. I understand my case may be discussed without my attorney or the prosecutor present. It is my responsibility to contact my attorney if I have a legal question or a legal issue arises that I am unclear about and for which I need legal clarification.</p>	
<b>11</b>	<p>I understand failure to sign this waiver will be grounds for exclusion from Drug Court.</p>	

**Participant’s Information & Understanding**

I am \_\_\_\_\_ years old. I have completed \_\_\_\_\_ years of school.

I	DO	DO NOT	Have a high school diploma, GED, or HSED.
I	DO	DO NOT	Understand the English language.
I	AM NOT	AM	Currently receiving treatment for a mental illness or disorder.
I	HAVE NOT	HAVE	Had alcohol, medication, or drugs within the last 24 hours.

I have read this waiver or had it read to me. I understand this entire document and any attachments. I have had an opportunity to discuss and ask questions and I have answered all questions truthfully. By signing this waiver, I confirm it accurately reflects my wishes and approval regarding disclosing confidential information and ex parte communication as described above.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Date

\_\_\_\_\_ Initial here if participant refuses to sign waiver.

\_\_\_\_\_  
Signature of Defense Attorney

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Drug Court Coordinator

\_\_\_\_\_  
Date

Original: Participant’s Drug Court File

- Copies to: Participant
- Probation Agent
- District Attorney
- Defense Attorney