

IN THE CIRCUIT COURT FOR CAROLINE COUNTY

State of Maryland

*

Case No. _____

Vs.

*

* * * * *

ADULT DRUG TREATMENT COURT PARTICIPANT AGREEMENT

I, _____, DOB: _____, have entered a guilty plea to wit: violation of probation ordered in case number _____. I understand that by entering Caroline County Adult Drug Treatment Court, I am bound by all the terms of this participant contract, the terms and conditions of the sentence and probation imposed by the Court.

1. Participation in Adult Drug Treatment Court (DTC):

Initials

- A The DTC takes a minimum of Twelve (12) months to complete. _____
- B I will be required to attend frequent court sessions, treatment, random drug testing, and case management programs. _____
- C As part of the program, I will be required to attend all appointments, attend school, and perform community service or work. _____
- D I have had an orientation with the Program Coordinator prior to my entrance and been given the opportunity to ask questions. I have reviewed the four phases of the program and understand what I am committing to do. _____
- E I will not work as a confidential informant with any law enforcement agency. _____

2. Agreement to remain Drug and Alcohol Free

- A I will not use or possess alcohol or illegal/illicit/mind-altering drugs, paraphernalia or prohibited substances. _____
- B I will not associate with people who use or possess alcohol or illegal/illicit substances. _____

3. Treatment

- A I will be required to successfully complete treatment prior to graduation from DTC. _____
- B Treatment reports and drug screens will be used in staffing, and court hearings. _____
- C I will be required to comply with all policies of the treatment provider’s head agency. _____
- D I will be randomly tested for the use of alcohol, illegal and prohibited substances. _____

5. Incentives and Sanctions

- A The DTC uses incentives and sanctions to help me in my recovery as outlined in the Participant Handbook and reviewed during orientation. _____
- B I have the right to a formal hearing in the event of any sanction that involves the loss of liberty. _____

6. Right to Counsel

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL**

(Revocable Consent Form, to be used when no HIPAA court order is entered.)

I, _____, authorize The Caroline County Adult Drug Court Team as listed below:

- The Caroline Counseling Center – a division of the Caroline County Health Department,
- The Department of Parole and Probation, Caroline County Field Office,
- The Circuit Court for Caroline County,
- State’s Attorney’s Office,
- Defense Counsel of Participant,

To communicate with and disclose to one another about:

drug testing results, information about attendance and completion of required program components, cooperation with the staff, prognosis, adherence to curfew and rules imposed at home, new charges, status on Electronic Monitoring or SCRAM, status in treatment placement or detention, gang involvement, and progress on any ordered tasks by the court.

The purpose of this disclosure is to collaborate and update the Court of my attendance and progress with the ultimate goal of completing the Adult Drug Court Program successfully.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 (“HIPAA”), 45 C.F.R. Pts. 160 & 164. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows:

1. there has been a formal and effective termination or revocation of my release or,
2. 30 days after discharge from Adult Drug Treatment Court Program

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

Dated: _____

Signature of Participant