

IN THE CIRCUIT COURT FOR THE SECOND JUDICIAL CIRCUIT  
\_\_\_\_\_ COUNTY, ILLINOIS

PEOPLE OF THE STATE OF ILLINOIS )

v. )

) Case No. \_\_\_\_\_

\_\_\_\_\_  
Defendant )

**NOTICE OF RIGHTS OF CONFIDENTIALITY**  
**FOR DRUG COURT PARTICIPANTS**  
**AND CONSENT FOR DISCLOSURE OF CONFIDENTIAL INFORMATION**

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS  
Notification Form from 42 C.F.R. 2.22(d)

The confidentiality of alcohol and drug abuse patient records maintained by the Drug Court Program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser, unless: (1) The patient consents in writing; (2) The disclosure is allowed by a Court order; or (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation. Violation of the federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. As a participant in the Drug Court Program we are providing you with this Notice of Rights of Confidentiality for Drug Court Participants to advise you of your rights of confidentiality and the disclosure of confidential information. You may elect to waive your rights to confidentiality as defined within this notice by signing the Consent for Disclosure of Confidential Substance Abuse Treatment Information: Drug Court Referral which provides the necessary consent for you to allow the disclosure of confidential information as provided in section (1) "the patient consents in writing," of this Notice.

(See 42 U.S.C. 290dd-3 and 42 U.S.C. 290ee-3 for federal laws and 42 C.F.R. Part 2 for federal regulations.)

I HAVE RECEIVED, READ AND UNDERSTAND THIS NOTICE OF RIGHTS.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant

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

I, the Defendant in the above case, having agreed to be screened for and, if admitted, participate in the Drug Court Program, hereby consent to disclosure of all confidential information and communications about me by the following parties or agencies involved in the Drug Court Program: The Drug Court Judge, all employees engaged in the Drug Court operations of the Court (including the Circuit Clerk and all employees of the Circuit Clerk's office), all in-patient and out-patient Drug Court treatment providers, all persons associated with the State's Attorney's office, the Public Defender appointed as attorney for the Defendant or Defendant's private attorney, the employees and agents of the Probation Office, all Drug Court Officers, and/or other referring or treating agencies involved in the delivery of services to the Defendant as a part of the Drug Court Program. I understand that the purpose of, and the need for this disclosure, is to: inform the Court and the other above-named parties or agencies of my eligibility and/or acceptability for Drug Court and substance abuse treatment services; to report on and adequately monitor my treatment, attendance, prognosis, and compliance with the terms and conditions of my probation; to discuss and assess my status as a participant in the Drug Court Program; and, to assess and comment on my progress in accordance with the Drug Court's reporting and monitoring criteria.

In addition, I hereby consent to public disclosure in open Court and in the Court file in this case of any and all confidential information (verbal, written, electronic or otherwise) about my medical condition, mental health condition, drug treatment status, drug test results, employment status and history, my arrest history, screening for and my levels of compliance or non-compliance with the conditions of my Drug Court participation (including any treatment records or results, the results of urinalysis or other drug screening tools, any other material or information regarding my medical or mental health status), my qualification for and participation in Drug Court, my compliance with conditions of probation, my revocation or termination from the Drug Court Program and any and all other material or information regarding my medical, treatment or mental health condition. I hereby consent that any such confidential information may be disclosed and discussed in a Courtroom open to the public while other Drug Court participants and members of the public are present and for such confidential information to be placed in a Court file open to the public for inspection.

I understand that treatment information normally is confidential under federal law. 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 (or client) records and that it is a crime to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. By signing this document, I am voluntarily consenting to disclosure of all confidential information to all Drug Court personnel and to the public.

I HAVE RECEIVED, READ AND UNDERSTAND THIS CONSENT.

Date: \_\_\_\_\_

\_\_\_\_\_  
Defendant