



MINNESOTA JUDICIAL BRANCH

TENTH JUDICIAL DISTRICT

Anoka County Drug Court Consent Form

CONSENT FOR THE RELEASE OF PRIVATE MENTAL HEALTH CHEMICAL HEALTH, LAW ENFORCEMENT, COUNTY, AND COURT INFORMATION

I, _____, DOB ____/____/____, authorize the Anoka County Drug Court Team and *representatives of the following agencies*:

1. ACDC alcohol and treatment provider(s): Riverplace Counseling Center
2. ACDC mental health agencies or provider(s): Nystroms & Associates
3. Anoka County Human Services
4. Anoka County Community Correction(s)
5. ACDC Alcohol & Drug Testing providers.
6. ACDC Court Administration representative(s): Drug Court Clerks
7. Anoka County Law Enforcement drug court designees
8. ACDC Evaluator
9. ACDC District Court Judge(s)
10. ACDC Coordinator
11. Anoka County Attorney's office
12. Defense Attorney: Isabel McClure/Brandt Kettwick Defense
13. Providers that will provide verification during the referral process
14. Other: _____
15. Other: _____
16. Other: _____

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

- My name and other personal, identifying information;
- My status as a patient in alcohol/drug treatment and mental health services, including attendance;
- My status as a client of Anoka County Human Services;
- My status as a participant in the drug court;
- Information pertinent to child removal, custody, and reunification issues;
- My drug court plan and summaries of my progress in reaching treatment plan goals;
- Initial and subsequent evaluations of my service needs by my medical providers;
- Summaries of alcohol/drug and mental health assessment results and history;
- Discharge plan(s) for alcohol/drug treatment and mental health services;

- Date of discharge from alcohol/drug treatment and mental health services, and discharge status;
- Contact with any law enforcement agency during my participation with the court;
- Information and data collected during and after my participation with drug court to be used for research and evaluation purposes;
- Other: _____
- Other: _____
- Other: _____

The purpose of the disclosure authorized in this consent is to: enable the drug court team to evaluate my needs for services from the program and determine/coordinate those services.

I know and understand that private health information disclosed pursuant to this authorization may only be re-disclosed to other parties only with further release of information. My alcohol and drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and can be disclosed only with further release of information unless otherwise provided for in the regulation. Records concerning mental health services are protected by state law. I am under no obligation to sign this authorization. However, without the requested information the drug court may not be able to be of assistance. I may revoke this authorization at any time by giving written notice of revocation. Unless earlier revoked, this authorization expires upon dismissal from the program.

Participant Signature

Date



**MINNESOTA
JUDICIAL BRANCH**
TENTH JUDICIAL DISTRICT
Anoka County Drug Court Referral Form

**Step 1 – Referral Application
(This Section is Completed by the Referring Party)**

Defendant's Name: _____ **Birth Date:** _____

Address: _____

County: _____

Email: _____

Phone No.: _____ **Defendant's Attorney (if any):** _____

Court File No: _____ **Charge(s):** _____

Case Status: Probation Viol. Other _____

Gender: Female Male

Ethnicity: Hispanic/Latino Non-Hispanic/Latino Unknown

Race: Caucasian African American Asian American Indian/Alaska Native

Pacific Islander/Native Hawaiian Multi-Racial Unknown Other

Referred By: _____ **Date Submitted:** _____

**THE CONSENT FORM MUST BE ATTACHED TO THE APPLICATION FOR PROCESSING TO BEGIN.
YOU WILL BE NOTIFIED OF THE DECISION ASAP.**

Send application via email (email preferred) or mail to:

Anoka County Court Administration Office

Attn: Treatment Court Coordinator

2100 3rd AVE

Anoka, MN 55303-2489

10thAnokaTreatmentCourt@courts.state.mn.us

Call with any questions: 763-760-6573

Referring Professional – Contact Information (acceptance/denial decision will be sent to):

Name: _____

Email: _____

Telephone: _____