



CONSENT FOR THE RELEASES OF CONFIDENTIAL TREATMENT INFORMATION

I, _____ do hereby consent and authorize any and all of the team members
(Printed Name of Participant)

of the **Drug Treatment Court Sentencing Program for Grafton County** to have reciprocal verbal communication and to exchange written records with:

- Robert Akesson (Coordinator), Drug Treatment Court of Grafton County
- Alicia Bolyard (Case Manager), Drug treatment Court of Grafton County
- Shawn Cannizzaro (Case Manager), Drug Treatment Court of Grafton County
- Monica Gasey (Public Defender), NH Public Defenders
- Amanda Perry (Probation Officer), Drug Treatment Court of Grafton County
- Lawrence MacLeod (Judge), Grafton County Superior Court
- Viktoriya Kovalenko (Clerk of Courts), Grafton County Superior Court
- Marcie Hornick (County Attorney)
- Lydia McKenzie, DNP
- Paul Smith (Chief of Police), Littleton Police Department
- Bob Thompson (Program Director), NCHC
- Other _____
- Stacie Leclerc Blue Heron Neurofeedback and Counseling, LLC
- Susan Bailey/ Blue Heron Neurofeedback and Counseling, LLC
- Gary Richard/ Blue Heron Neurofeedback and Counseling, LLC
- Rhonda Bishop/Blue Heron Neurofeedback and Counseling, LLC

I **DO** GIVE CONSENT
(Initial line)

1. Addiction Severity Index (ASI) Assessment _____
2. Bio-Psycho-Social Assessment _____
3. Current Medications _____
4. Result of Psychological Evaluation(s) _____
5. Discharge Summary _____
6. Medical and Physical Examination Results _____
7. Other Medical Results _____
8. Admissions/Intake Summary _____
9. Program Attendance (session, type, frequency) _____

I **DO** GIVE CONSENT
(Initial line)

10. Psychiatric or Psychological Progress Reports _____
11. Summary Diagnosis _____
12. Current Symptoms and Treatment Plan _____
13. Statement of Treatment Prognosis _____
14. Statement of Treatment Status/Progress _____
15. Results of Drug Testing (including but not limited to, urine, saliva, breath, and perspiration) _____
16. Employment _____
17. _____

I UNDERSTAND
(Initial line)

1. The purpose or need for such disclosure authorized herein is to comply with the conditions of court orders, assist with assessment and appropriate referral, and/or to keep the Court informed of my status in treatment. (Initial line)

2. I 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 will remain in force for one (1) year. _____

3. I understand that my continued participation in the Grafton County Drug Court sentencing Program is conditioned upon ongoing communication between the court and my treatment provider. _____

4. I understand that I will be asked to renew this consent, at a minimum, on an annual basis, throughout the course of my participating in the Grafton County Drug Court Sentencing Program. _____

5. I understand that my records are protected under the federal regulations governing confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the Code of Federal Regulations. _____

Participant's Signature

Date

Signature of Witness

Date

Name & Title of Witness (PRINTED)



North Country HEALTH CONSORTIUM

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I, _____ do hereby consent and authorize any and all of the team members
(Printed Name of Participant)

of the **Drug Treatment Court Sentencing Program for Grafton County** to have reciprocal verbal communication and to exchange written records with:

- Tara Heater (County Attorney)
- James Simpson (County Attorney)
- Jason Novak (Public Defender), NH Public Defenders
- Renee Sargent (Public Defender), NH Public Defenders
- Jennifer Szafir (Public Defender), NH Public Defenders

I DO GIVE CONSENT
(Initial line)

I **DO** GIVE CONSENT
(Initial line)

1. Addiction Severity Index (ASI) Assessment	_____	10. Psychiatric or Psychological Progress Reports
2. Bio-Psycho-Social Assessment	_____	11. Summary Diagnosis
3. Current Medications	_____	12. Current Symptoms and Treatment Plan
4. Result of Psychological Evaluation(s)	_____	13. Statement of Treatment Prognosis
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9. Program Attendance (session, type, frequency)	_____	

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Date

Signature of Witness

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