ACKNOWLEDGEMENT OF THE
RECEIPT OF DOCUMENTS RELATED TO ENROLLMENT IN
THE MONTGOMERY COUNTY ADULT DRUG COURT

Participant's Name:

Criminal Number:

As the Defendant in the above-captioned case, I hereby acknowledge that I have received the following documents from Montgomery County Adult Drug Court Program:

(Please Check)

- ☐ Drug Court Agreement
- ☐ Notice of Right to Confidentiality for Drug Court Participants
- ☐ Consent for Disclosure of Confidential Alcohol and Drug Abuse Treatment and Related Medical Information
- ☐ Drug Court Participant Handbook
- ☐ Probation/Supervision Order

ACKNOWLEDGED:

Participant's Signature

Participant's PRINTED name

Date

DRUG COURT AGREEMENT FOR RE-ADMISSION

I, _____, understand that I am voluntarily agreeing to participate in Montgomery County Adult Drug Court as a special condition of my probation in criminal case number(s): .
In addition to complying with the conditions outlined in my probation contract, I am also required to comply with the following terms:

1. I understand that because I am being re-admitted into Drug Court on a Motion for Reconsideration, the Menu of Sanctions listed in the Drug Court Participant Handbook no longer applies to me. If I fail to comply with any of the expectations listed below, I am subject to termination.
2. I have received a copy of the Drug Court Participant Handbook. I understand that it is my responsibility to review this handbook.
3. I will comply with the expectations and requirements of Drug Court outlined by my case manager. I can review these requirements in the Drug Court Participant Handbook.
4. I understand that completion of Drug Court takes a **minimum** of 20 months. My actual length of stay in the program will be determined by the Drug Court team based on my compliance with program requirements and progress toward the goals outlined in my treatment plan.
5. I will attend and participate in substance abuse treatment as directed by the Court.

   I understand that substance abuse treatment may involve the use of medication to assist with cravings and decrease the likelihood of relapse. If it is determined that I am an appropriate candidate for medications including, but not limited to, Antabuse, Vivitrol, and Naltrexone, I must comply with taking these medications.
6. I agree to attend a **minimum** of three (3) recovery meetings per week for every week that I am in Drug Court unless incarceration or inpatient treatment prevents me from doing so.
7. I will be on time for all substance abuse treatment groups, appointments, and court appearances. Failure to appear for any of these obligations could lead to the issuance of a bench warrant.
8. I understand that Drug Court imposes graduated sanctions for lack of compliance with program requirements, including incarceration. I have the right to request and have a formal adversarial hearing before the imposition of a sanction of incarceration or before being terminated from Drug Court.
9. I agree that I will not use, possess, or knowingly associate with any person who uses or possesses any controlled substance or illegal drug including, but not limited to, cocaine (powder, base, or “crack”), opiates, heroin, methadone, buprenorphine, methamphetamines, benzodiazepines, K2, MDMA, psilocybin, butane hash, or LSD.

   I agree that I will not use or possess alcohol or marijuana or any other substance that will compromise my sobriety. I understand that using or possessing any of these substances will result in a violation of the terms of my probation.

   I understand that using or possessing any substances that are not prescribed to me by my physician must be approved by the Drug Court team. I understand that using or possessing substances that are not approved by the team is a violation of Drug Court rules.

   I understand that using or possessing any substances that may not be controlled dangerous substances or otherwise illegal, but still provide a mood altering or hallucinogenic effect, will violate the rules of Drug Court.

   I understand that I can be asked to report for drug and alcohol testing at any time while I am a Drug Court participant and that my failure to report will result in a sanction by the Court.

I will report for drug and alcohol testing as directed by my substance abuse treatment provider, case manager, probation agent, Oxford House, or PRRS staff.

I also understand that any attempt to falsify a drug and alcohol test, including dilution, is grounds for termination from Drug Court.

10. I understand that I can be asked to wear the Secure Continuous Remote Alcohol Monitor (SCRAM) bracelet at any time during my participation in Drug Court and agree to do so.
11. I understand that I have 24 hours upon request to sign any releases of information not covered by the Drug Court Agreement to allow my case manager and therapist access to medical and psychological information needed to assess my status or determine treatment or service needs.
12. I understand that I must get permission from my case manager and/or therapist prior to taking any medication. Documentation of any prescribed medications must be provided to my case manager and therapist within 24 hours of receipt.
13. I understand that I am to reside in court approved sober housing within Montgomery County. My probation agent can ensure that I am complying with this requirement by conducting a home visit at any time. I am not required to receive prior notice of the home visit.
14. I will obey all laws and be of good conduct. I will advise my case manager of any contact with law enforcement, including traffic stops, even if I am not arrested or charged or do not receive a citation. I understand that being charged with any incarcerable offense, including incarcerable traffic citations, while in Drug Court could lead to me being held without bond pending the outcome of the new charge.

    I understand that being convicted of a new crime while in Drug Court could lead to termination from the program and revocation of my probation.
15. I understand that if I fail to complete Drug Court, the court will terminate me from the program and sentence me in accordance with the law.

Defendant's Name (Please Print)

Defendant's Signature Date

Signature of Attorney for the Defendant Date

Notice of Right to Confidentiality for Drug Court Participants

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 this 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, you are being provided with this Notice of Right to Confidentiality for Drug Court Participants to advise you of your right to confidentiality and of restrictions on the disclosure of confidential information. You may elect to waive your right to confidentiality as defined above by signing the *CONSENT FOR DISCLOSURE OF CONFIDENTIAL ALCOHOL AND DRUG ABUSE TREATMENT AND RELATED MEDICAL INFORMATION,* thereby giving the consent needed 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.)

CONSENT FOR DISCLOSURE OF CONFIDENTIAL ALCOHOL AND DRUG ABUSE TREATMENT AND RELATED MEDICAL INFORMATION

I, _____, being the Defendant in case number(s) _____ and having agreed to enroll and participate, understand that by being admitted to the Montgomery County Adult Drug Court, I am consenting to ongoing verbal and written communication about my compliance status among the following individuals and agency staff involved with the Adult Drug Court Program:

PARTICIPANT INITIALS

____ Montgomery County Circuit Court, including judges and support staff

____ Montgomery County Department of Health and Human Services staff

____ Maryland Treatment Centers

____ Montgomery County State's Attorney's Office

____ Office of the Public Defender or private defense counsel

____ Maryland Department of Parole and Probation

____ Montgomery County Department of Correction and Rehabilitation

____ Montgomery College personnel engaged with Drug Court participants

____ Montgomery County Circuit Court staff directly involved with the Adult Drug Court program

____ Montgomery's Miracles, Inc. Board of Directors

____ Any referring, treating or support agencies involved in the delivery of client services

____ I have received and reviewed the attached Notice of Right to Confidentiality for Drug Court Participants with my attorney. I understand that treatment information is confidential under federal law and that I am consenting to its release as described in this document. I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations and that it is a crime to violate this confidentiality requirement unless I voluntarily consent to permit its disclosure. People who receive this confidential information may re-disclose it only in connection with their official duties.

I understand that the above mentioned parties will discuss confidential information only as needed for the purposes of:

- reporting on and monitoring my treatment, attendance, prognosis, and compliance with the terms and conditions of my probation;
- discussing, commenting, and assessing on my status and progress as a participant in the Drug Court Program in accordance with the Drug Court's reporting and monitoring criteria; and
- to ensure the appropriate delivery of services and support.

____ I understand that information about my medical status, mental health and/or drug treatment status, my arrest history, my levels of compliance or non-compliance with the conditions of my Drug Court participation (including the results of urinalysis or other drug screening tools) and other material information will be discussed and shared among members of the Drug Court team.

____ I further understand that summary information about my compliance or non-compliance will be discussed in open court, specifically, whether I have attended all meetings, treatment sessions, the results of urinalysis or other testing as required, and the disclosure of my compliance or non- compliance with the terms and conditions of my probation as defined by the Court.

☐ I also understand that my case manager and therapist must have access to all medical and psychological records while I am enrolled in the Montgomery County Adult Drug Court. By signing this agreement, I am consenting to the release of these records to my case manager and therapist.

☐ In addition to the individuals and agencies listed above, I am voluntarily authorizing my Drug Court case manager to communicate with the following person(s) regarding my program compliance and status to the extent necessary to facilitate my compliance, wellbeing, and safety:

Name	Relationship	Phone Number

☐ I understand that my consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Montgomery County Adult Drug Court for the case(s) listed above such as the discontinuation of all court-ordered supervision or probation upon my successful completion of the drug court requirements, or upon sentencing for violating the terms of my drug court involvement.

Signature of Program Participant Date

Signature of Witness Date