



## NINETEENTH JUDICIAL DISTRICT

COLUMBIA COUNTY VETERAN COURT, 230 Strand St., St. Helens, OR 97051

### Summary

Columbia County Veteran Treatment Court (VTC) is a collaborative docket comprised of team members from each partner agency. The current partners are the Judge and assigned court staff from the Columbia County State Courts, Veterans Justice Outreach, Department of Community Justice, Columbia County District Attorney's Office, Veteran Peer Mentor Services, Columbia County Sheriff's Office, and the Justice Alliance of Columbia County.

The Veteran Treatment Court was created to provide a structured supervision and treatment program for defendants who are involved in the criminal justice system due to their untreated or unmanaged mental health concerns and possible co-occurring alcohol and other drug addictions. The goal is to help defendants get stable, so they can become healthier and be removed from the cycle of active symptomology, crime and justice system involvement.

Assigned members of this team meet regularly to case manage participants and provide accountability, regular services, referral and contact with each participant. The court docket is held regularly, with the ability to schedule appearances as needed to intervene in a timely fashion with participant infractions. The average length of stay in the Veteran Treatment Court program is 13-24 months but may be as long as 36 months.

Eligibility of your client's referral will be screened by the DA and defense attorney for case history, and Veterans Justice Outreach for mental health diagnosis and eligibility. The Veteran Treatment Court Team will determine whether a candidate is a good fit for VTC and will be accepted into the program.

### **When Clients are Eligible to Refer to the Veteran Treatment Court Docket**

- You suspect your client has issues with substance use and/or a mental health concern, which in being untreated or unmanaged and has led to their involvement in the criminal justice system.
- Your client lives in Columbia County.
- Your client's case history does not have significant violent crimes and/or sex crimes.
- Your client has been charged with a new felony crime, a probation violation from a current felony crime. Some misdemeanor charges will be considered but on a case by case basis only.
- Your client was not dishonorably discharged from military service.

### **How to Refer Cases**

1. Discuss your client's case with the assigned DA and determine if there are any concerns about your client entering Veteran Treatment Court. If there are no concerns, please submit the Columbia County Veteran Treatment Court application to Treatment Court Coordinator, Sami Cernac, at [samantha.cernac@ojd.state.or.us](mailto:samantha.cernac@ojd.state.or.us).
2. Be prepared to **attend** the pre-court Veteran Treatment Court Team meeting on the assigned Tuesday, between 2:30p.m. and 3:00p.m. in the jury room for courtroom 202. Please remember, it is **not** the assigned Veteran Treatment Court defense attorney's obligation to cover your appearance.
3. **Bring the completed entry packet and items on the provided check list** (page 3) to the pre-court meeting. This packet will be given to the team, so please make a copy for your records. **It is very important the "check list" items are completed for the pre-court Veteran Treatment Court Team meeting as they are required for the team to complete the screening processes.**
4. If it is determined your client is appropriate for the program, the DA's office will communicate this with you and a Plea and Sentencing hearing will be scheduled for your client.
5. If your client is not incarcerated at the time of application, he/she/they will be expected to attend the Veteran Treatment Court court session(s) to observe prior to beginning the program.

**Check List for pre-court team meeting:**

- ✓ **Packet and Participant Handbook have been reviewed by Defense and Client**
- ✓ **Specialty Court Case Management System (SCMS) ROI is reviewed and signed by Client**
- ✓ **A copy of police report(s) for current case**
- ✓ **Releases of Information for any current primary care providers or mental health providers**
- ✓ **Petition for entry into Veteran Treatment Court**
- ✓ **60 Day Waiver**
- ✓ **Release of information for Veterans Justice Outreach**
- ✓ **Applicant meeting with the Veteran Justice Outreach Officer for program overview**
- ✓ **Be prepared to attend pre-court Veteran Treatment Court Team meetings**

IN THE CIRCUIT COURT OF THE STATE OF OREGON FOR COLUMBIA COUNTY

STATE OF OREGON,	)	Case No. _____
Plaintiff,	)	_____
vs.	)	Charge(s): _____
	)	_____
_____,	)	
Defendant.	)	TREATMENT COURT PETITION AND AGREEMENT

Defendant petitions for acceptance into treatment court and agrees:

1. If a Grand Jury Indictment has not been filed, I give up the right to a preliminary hearing and/or grand jury indictment and agree to proceed on the District Attorney's information in circuit court.
2. I understand criminal charges or civil actions arising out of the same episode or transaction may be severed and prosecuted or litigated separately. I give up my former jeopardy rights as to all treatment court related criminal charges and civil actions arising out of the same act or transaction or same criminal episode.
3. I give up my rights to speedy trial.
4. I give up my right to hearing on alleged violations while participating in the treatment court with the exception of a termination review hearing.
5. I agree that during my participation in the treatment court, my probation officer or the District Attorney may at any time request imposition of sanctions and/or my termination from the treatment court for non-compliance. The court may impose sanctions without a hearing. If the court orders termination from the treatment court, I understand I have the right to a show cause/termination review hearing and must appear in court.
6. I agree to apply for enrollment in the Oregon Health Plan, private insurance, or veterans' health benefits within seven (7) days of acceptance into the treatment court if I am not presently enrolled.
7. I agree to successfully complete the diagnostic evaluation as ordered by the court and to successfully complete the treatment program to the satisfaction of the treatment provider, probation officer, the court, and pay all costs.
8. I agree to sign releases of information to give the court, my probation officer and the treatment provider access to my evaluation and to give the court and my probation officer access to treatment records.
9. I agree to abide by the conditions of probation ordered by the court and the terms of any treatment court agreement.
10. I agree I will not work as an undercover agent with any police agency on cases where I may come into contact with illegal drugs. Nothing in this agreement shall prevent me from voluntarily providing information to police regarding illegal drugs.
11. I agree to pay supervision fees, fines, restitution and all other fees ordered by the court.
12. I agree that any violation of probation or the treatment court program including but not limited to drug

use, new criminal activity, non-compliance with treatment, failure to appear in court, failure to pay financial obligations or any failure to abide by the terms of this agreement may result in sanctions including but not limited to incarceration, modification of the treatment program or termination from drug court.

13. I agree to appear in court as directed by the court or my probation officer.
14. I agree that the court may extend the probation period for additional time to allow me to successfully complete my requirements.
15. I agree to keep the treatment provider, my probation officer and the court advised of my residential and mailing addresses at all times during my participation in the treatment court.
16. I agree to remain in the State of Oregon unless written permission to leave is granted by Department of Community Justice.
17. I agree to find and maintain full-time employment, approved schooling, or a full-time combination of both, unless physically unable to do so. Any waiver of this requirement must be based on a finding by the court stating the reasons for the waiver.
18. I agree to permit the probation officer to visit me or my residence or work site, and report as required and abide by the directions of the probation officer.
19. I will not possess weapons, firearms, or dangerous animals.
20. I agree to participate in a mental health evaluation as directed by the probation officer and follow the recommendation of the evaluator.
21. I agree to immediately report, as directed, to the Columbia Community Department of Community Justice. 901 Port Avenue, Saint Helens, OR 97051. 503-397-6253.
22. I agree to submit to breath, blood, and saliva or urine tests at the direction of the evaluator, probation officer, court, or treatment provider and I agree to pay all costs.
23. I agree to notify the probation officer and treatment provider of all prescription drugs I am taking and provide copies of the prescriptions upon request.
24. I agree to actively participate in Columbia County treatment court program, obey all rules of the treatment court, and appear in court as directed by the court, probation officer, evaluator, or treatment provider.
25. I understand that if I abscond from the program, I will be suspended from the program after 45 days.
25. I agree to appear for treatment court as ordered.

## AGREEMENT

I have read this petition and the Notice to Defendants. I understand what I have read and hereby knowingly and voluntarily give up the rights listed on this petition. I petition the court for acceptance into the Columbia County treatment court program, and enter into this agreement. Being duly sworn to tell the truth, I, the undersigned, do hereby swear that I am eligible to participate in the Columbia County treatment court program and I meet the eligibility requirements listed in the Notice to Defendants.

\_\_\_\_\_  
Defendant's Name: (print)

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Address

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip

Tele: (    ) \_\_\_\_\_

\_\_\_\_\_  
Defense Attorney's Signature

\_\_\_\_\_  
Date

## DECLARATION

Defendant's petition to enter Columbia County Veteran Treatment Court is:

☐ Denied.

☐ Allowed

DATED this \_\_\_\_\_ day of \_\_\_\_\_,

\_\_\_\_\_  
Treatment Court Coordinator

# Columbia County Veterans Treatment Court Eligibility Form

Name of Prospective Client: \_\_\_\_\_ DOB: \_\_\_\_\_

Attorney: \_\_\_\_\_

**Relevant Conviction(s)/Charge(s)**

<i>Case #</i>	<i>Year</i>	<i>Charge</i>	<i>Jurisdiction</i>

**For District Attorney's use only:**

☐ **DA does not object to Veterans Court**

☐ Charges to be dismissed:

\_\_\_\_\_

☐ Dispositional departure from prison to probation:

Count \_\_\_\_ Crime \_\_\_\_\_

Sentencing gridblock \_\_\_\_ Months DOC if probation is revoked \_\_\_\_

Count \_\_\_\_ Crime \_\_\_\_\_

Sentencing gridblock \_\_\_\_ Months DOC if probation is revoked \_\_\_\_ Consecutive? Y / N

Count \_\_\_\_ Crime \_\_\_\_\_

Sentencing gridblock \_\_\_\_ Months DOC if probation is revoked \_\_\_\_ Consecutive? Y / N

Count \_\_\_\_ Crime \_\_\_\_\_

Sentencing gridblock \_\_\_\_ Months DOC if probation is revoked \_\_\_\_ Consecutive? Y / N

☐ **DA objects to Veterans Court**

**Reason for objection:** \_\_\_\_\_

\_\_\_\_\_

**Comments:**

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Signature of District Attorney

\_\_\_\_\_  
Date

**Eligibility Criteria:**

1. Veterans who suffer from substance use disorder or;
2. Veterans who suffer from unmanaged mental health symptoms.
3. Veterans who assess as High risk/high needs or low risk/high needs.
4. Veterans who have been charged with:
  - a. A new felony crime
  - b. A probation violation for a current felony crime
  - c. A probation violation while on post-prison supervision.
  - d. A misdemeanor crime (on a case by case basis only)
5. Veterans who are current Columbia County residents (up to one mile on either side of the county line).

The prosecution and defense attorney shall perform their tasks as part of the program eligibility and admission process as swiftly as possible, including working with victims and stakeholders in the legal system to shorten the time to entry into the specialty court.

The program allows offender with non-drug charges and different levels of criminal charges to participate and does not automatically disqualify individuals with a current charge, or criminal history, associated with drug dealing or violence. The program only disqualifies individuals based on current or prior offense if empirical evidence and available treatment services suggest that those individuals cannot be safely and/or effectively managed in the specialty court program.

All participants shall receive a participant handbook upon accepting the terms of participation and entering the program. Receipt of the Participant Handbook shall be acknowledged through a signed form and entered in the court file.



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IN THE CIRCUIT COURT OF THE STATE OF OREGON  
FOR THE COUNTY OF COLUMBIA

STATE OF OREGON,	)	No.
Plaintiff,	)	
	)	60 DAY WAIVER
vs.	)	ORS 136.290
	)	
_____ ,	)	
Defendant.	)	
	)	
	)	

Comes now defendant, \_\_\_\_\_, with counsel \_\_\_\_\_ and  
advises the court that s/he understands that he has the right to trial within 60 days of his/her  
incarceration or the court shall release defendant on his/her own recognizance, and not  
withstanding this right elects to waive this right.

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
, OSB #  
Attorney for Defendant

It is so ordered this \_\_\_\_ day of \_\_\_\_\_, 20\_\_.

\_\_\_\_\_  
Circuit Court Judge

REQUEST FOR AND AUTHORIZATION TO  
RELEASE HEALTH INFORMATION

## PRIVACY ACT STATEMENT:

The information requested on this form is solicited under Title 38 U.S.C. The form authorizes release of information in accordance with the Health Insurance Portability and Accountability Act, 45 CFR Parts 160 and 164; 5 U.S.C. 552a; and 38 U.S.C. 5701 and 7332 that you specify. Your disclosure of the information requested on this form is voluntary. However, if information needed to locate records for release is not furnished completely and accurately, VA will be unable to comply with the request. The Veterans Health Administration may not condition the provision of treatment, payment, enrollment in the VA Health Care Program, or eligibility for benefits on the signing of an authorization, except for research-related treatment where an authorization for the use or disclosure of individually-identifiable health information for such research is required. VA may disclose the information that you put on the form as permitted by law. VA may make a "routine use" disclosure of the information as outlined in the Privacy Act system of records notices identified as 24VA10A7 "Patient Medical Record - VA", 08VA05 "Employee Medical File System Records (Title 38)-VA" and in accordance with the Notice of Privacy Practices. VA may also use this information to identify Veterans and person claiming or receiving VA benefits and their records, and for other purposes authorized or required by law.

TO: DEPARTMENT OF VETERANS AFFAIRS (Name and Location of the VA Health Care Facility)

Portland VA Health Care System  
3710 SW U.S. Veterans Hospital Rd.  
Portland, OR 97239 Ph: (503)220-8262

LAST NAME- FIRST NAME- MIDDLE NAME

DATE OF BIRTH (mm/dd/yyyy)

PATIENT'S MAILING ADDRESS (including City, State and Zip Code)

NAME AND ADDRESS OF ORGANIZATION, INDIVIDUAL, OR TITLE OF INDIVIDUAL TO WHOM INFORMATION IS TO BE RELEASED

Columbia County Veterans Treatment Court-affiliated individuals, agencies, defense attorneys, probation, court coordinator, assigned judge, court evaluator. Veteran agrees to additional guests of the court/research investigators and interns. \_\_\_\_ Yes \_\_\_\_ No (please initial)

PURPOSE(S) OR NEED: Information is to be used by the requestor for:

☒ TREATMENT ☐ BENEFITS ☒ LEGAL ☐ EMPLOYMENT ☒ OTHER (Please specify below):

to coordinate care & legal requirements

INFORMATION REQUESTED: Check applicable box(es) and state the extent or nature of information to be provided:

☐ HEALTH SUMMARY (Prior 2 Years)

☐ PATIENT MEDICAL RECORDS (Dates): \_\_\_\_\_

☐ INPATIENT DISCHARGE SUMMARY (Dates): \_\_\_\_\_

☐ PROGRESS NOTES:

☐ SPECIFIC CLINICS (Name & Date Range): \_\_\_\_\_

☐ SPECIFIC PROVIDERS (Name & Date Range): \_\_\_\_\_

☐ DATE RANGE: \_\_\_\_\_

☐ OPERATIVE/CLINICAL PROCEDURES (Name & Date): \_\_\_\_\_

☒ LAB RESULTS:

☐ SPECIFIC TESTS (Name & Date): \_\_\_\_\_

☐ DATE RANGE: Urine drug screens for the duration of release & participation vetcourt

☐ RADIOLOGY REPORTS (Name & Date): \_\_\_\_\_

☐ LIST OF ACTIVE MEDICATIONS: \_\_\_\_\_

☐ VACCINATION (Dose, Lot Number, Date & Location): \_\_\_\_\_

☐ ADMINISTRATIVE RECORDS:

☒ OTHER (Describe): Two-way verbal/written communications-related to Veteran's engagement in VA services to include dates and type of service and treatment plan.

LAST NAME- FIRST NAME- MIDDLE NAME		DATE OF BIRTH (mm/dd/yyyy)
<b>SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.</b>		
I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization.		
<input checked="" type="checkbox"/> DRUG ABUSE <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE <input type="checkbox"/> SICKLE CELL ANEMIA <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV)		
I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.		
<input type="checkbox"/> I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.		
<b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.		
I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.		
<b>EXPIRATION:</b> Without my express revocation, the authorization will automatically expire (select one of the following):		
<input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED		
<input type="checkbox"/> ON (mm/dd/yyyy) _____ (enter a future date other than date signed by patient)		
<input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>Valid until Veteran completes Veterans Treatment Court programs/court involvement/probation, revoked by Veteran, or after three years.</u>		
PATIENT SIGNATURE (Sign in ink)		DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE (if applicable) (Sign in ink)		DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE		RELATIONSHIP TO PATIENT
<b>FOR VA USE ONLY</b>		
<b>TYPE AND EXTENT OF MATERIAL RELEASED</b>  Exchange information with the party listed above in written, verbal, telephonic, secured e-mail, County Veterans Treatment Court Specialty Court Case Management (SCMS) Electronic Data Base Items listed on this release: Drug Screen UA's, medication list Treatment Plans Tx Summary/Tx Update: written verbal telephonic secured e-mail Safety Plans, Crisis notes Treatment recommendations, Treatment compliance, Treatment dates Treatment discharge to include reason for discharge Location, Personally identifying information Service Connection, Diagnosis (past/present/future as related to Tx Court) Basic needs, Benefits, Housing options-legal issues Barriers to Treatment, Barriers to Court compliance Medical records past/present/future as relevant to Tx Court (Medical, Mental Health, Substance/Alcohol) Military data as relevant to court eligibility/legal circumstances  Information will be shared at regular intervals or as requested by court and probation guidelines.  Veteran allows for and agrees to 3rd party provider (VA Choice) information being provided to the court & affiliated parties. Information include all items listed on this release past/present/future. YES _____ NO _____ (please initial)		
DATE RELEASED (mm/dd/yyyy)		RELEASED BY:



**OREGON SPECIALTY COURT  
CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION**

By signing this form, I, (FULL LEGAL NAME OF DEFENDANT) or my authorized representative, consent to and authorize the Veteran Treatment Court ("Program") and the following individuals and entities:

- ☐ Julie Heuer, the Program Manager for this Program.
- ☐ Samantha Cernac, the Program Coordinator for this Program.
- ☐ Alexandria Collins, the Program Assistant for this Program.
- ☐ Denise Keppinger, Michael Clarke & Nickolas Brajcich, the judge who presides over this Program.
- ☐ Columbia Community Mental Health, including all employees of the treatment provider that are assigned to the specialty court team in connection with my participation in this Program.
- ☐ Shannon Mortimer, the defense attorney assigned to the specialty court team in connection with my participation in this Program.
- ☐ Columbia County District Attorney's Office, the deputy district attorney assigned to the specialty court team in connection with my participation in this Program.
- ☐ Department of Community Justice-Adult Division, the probation officer assigned to the specialty court team in connection with my participation in this Program.
- ☐ Columbia County Sheriff's Office, the law enforcement officer assigned to the specialty court team in connection with my participation in this Program.
- ☐ Peggy Kuhn, the Veterans Justice outreach worker assigned to the specialty court team in connection with my participation in this Program.
- ☐ Doug Walker & Ashley Taylor, the Veteran Court Peer Mentor assigned to the specialty court team in connection with my participation in this Program.
- ☐ Toria Fraser, the Trial Court Administrator assigned to the specialty court team in connection with my participation in this Program.
- ☐ Community Action Team, the housing services agency assigned to the specialty court team in connection with my participation in this Program.



to disclose my information and communicate with one another regarding my eligibility and/or acceptability for the Program, to monitor my progress in and compliance with substance abuse and/or mental health treatment services, and to monitor my compliance with Program requirements and directives. This includes sharing with each other my assessment results, diagnostic conclusions, prescribed medications, unprescribed substance use, screening results, referrals to treatment and other services, treatment attendance records, progress in treatment, compliance with treatment, and compliance with Program requirements and directives. My information may also be disclosed in connection with an audit or evaluation of the performance of the Program and to determine whether the Program is following best practices such as the Oregon Specialty Court Standards.

I understand that my alcohol, drug, and/or mental health treatment records are protected under applicable state and federal law and regulations including, without limitation, ORS 3.450, 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), and 45 C.F.R. Parts. 160 & 164.

I understand that I have no legal right to participate in the Program and that this consent is required in order to participate in this Program. This consent form is used to obtain information to assess my compliance and progress toward achieving the Program's objectives. The Program is separate from treatment programs and other services I may receive while in the Program.

I understand that my treatment provider may not condition treatment, payment, enrollment, or eligibility for the treatment provider's benefits on the provision of this consent.

If I sign this consent my information will be disclosed to the people or programs listed on this form. The information disclosed to an entity covered under the HIPAA Privacy Rules may only be redisclosed with my written authorization or under other provisions of the HIPAA Privacy Rules. Information disclosed pursuant to this authorization may no longer be protected by the HIPAA Privacy Rules if it is disclosed to people or programs that are not subject to the HIPAA Privacy Rules. For example, the judge and attorneys who receive the information are not subject to the HIPAA Privacy Rules. However, the other federal regulations that protect my information will continue to apply. If my information is disclosed to a person or entity not covered by the HIPAA Privacy Rules, that person or entity may only redisclose my records with my written authorization or under other provisions of the federal regulations.

Identifying information including treatment status and compliance with Program requirements may be disclosed in the normal course of court proceedings open to the public and recorded in court data information systems available to the public, and I hereby authorize such disclosure. I understand that it is possible that an observer could make the connection between specialty court participation and substance abuse and/or mental health treatment. I understand that information disclosed during court proceedings will no longer be protected by the HIPAA Privacy Rules.

I understand that my treatment records and other treatment related information cannot be used to investigate, initiate, or substantiate criminal charges against me. However, federal laws and regulations do not protect information related to the commission of a crime, or any threat to commit a crime, while on Program premises or against Program personnel. Additionally, federal laws and regulations do not protect information related to suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

I understand that I may revoke this consent at any time. If I revoke my consent orally, I agree to confirm my revocation in writing. I understand that this consent agreement is a condition of the Program and if I revoke my consent I will be terminated from the Program. Revoking my consent will not affect any information that was previously disclosed.

This consent will expire upon my completion of, or separation from, the Program.

Any violation of federal law and regulations is a crime and suspected violations may be reported to the U.S. Attorney for Oregon (see <https://www.justice.gov/usao-or/our-locations>) or the Substance Abuse and Mental Health Services Administration (SAMHSA)( see <https://www.samhsa.gov/about-us/contact-us>).

OPTIONAL: ☐ I consent to receiving courtesy text messages from the Program related to my participation in the Program. Cellphone #: ( ) .

I understand that standard text and data charges may apply. I understand that I may revoke my consent to receive text messages at any time by notifying the Program's court coordinator or by replying STOP to a text message from the Program. Unless revoked, my consent to receive text messages will remain in place so long as I am a participant in the Program.

You may sign this Consent using either: (i) an original signature on a printed document; or (ii) an electronic signature. If using an electronic signature, you may electronically sign either by typing "s/" followed by your name (example: s/ John Doe) or by using electronic signature software that includes a Security Procedure (defined in ORS 84.004) designed to verify your electronic signature.

**I have read and understand the contents of this consent. I fully understand my rights and I am signing this consent voluntarily. I understand that, by signing this consent form, I am authorizing disclosure of my protected health information, as outlined above, to the persons and/or entities listed on this form. I further understand that this consent will be in effect for the duration of time I am in the Program. I am not under the influence of drugs or alcohol.**

Printed Name: \_\_\_\_\_

Signature: \_\_\_\_\_

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

Parent/Guardian Name: \_\_\_\_\_

Parent/Guardian Signature: \_\_\_\_\_

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

Witness Name: \_\_\_\_\_ Position: \_\_\_\_\_

Witness Signature: \_\_\_\_\_

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

# COLUMBIA COUNTY VETERAN TREATMENT COURT



## PARTICIPANT HANDBOOK

Name: \_\_\_\_\_

### 10 Key Components of Drug Court

**#1** Drug Courts integrate alcohol & drug treatment services with justice system case processing.

**#2** Using a non-adversarial approach, prosecution and defense counsel promote public safety while protecting participants' rights.

**#3** Eligible participants are identified early.

**#4** Drug courts provide access to a continuum of alcohol & drug treatment services.

**#5** Abstinence is monitored by frequent alcohol & drug testing.

**#6** A coordinated strategy governs drug court responses to participants' compliance.

**#7** Judicial interaction with each drug court participant is essential

**#8** Monitoring & evaluation measures the achievement of program goals and its effectiveness

**#9** Continuing interdisciplinary education promotes effective drug court planning, implementation and operations

**#10** Forging partnerships among drug courts, public agencies and community organizations generates local support and enhances drug court effectiveness.

# TABLE OF CONTENTS

Welcome	2
Overview	2
The Veteran Treatment Court Team	3
Mission Statement	3
Eligibility Requirements	4
Equity and Inclusion	4
Program Requirements	5
Attendance and Absence Policy	6
Acceptable Over the Counter Medicines	7
Treatment Court Hearings	8
Prescription Medication Policy	9
Uranalysis testing protocol	9
Incentives and sanctions	9
Transportation	11
Graduation	11
Termination	12
General Rules	13
Phases of the Treatment Court Program	14
Treatment	18
Confidentiality	19
Team Phone Numbers	21
Appendix A:	
Absence Request Form	
Physicians Disclosure Form	



# **Veteran Treatment Court**

Welcome to the Columbia County Veteran Treatment Court Program. If you are reading this handbook it means that you have been accepted or are being considered for acceptance into the treatment court program. It also means that we are confident that the treatment court program will help you to learn to make healthy and safe choices.

As a participant in the Veteran Treatment Court Program you will work frequently or have regular contact with members of the Veteran Treatment Court team which includes: the Judge, the program coordinator, representatives from the district attorney's office, a Veteran Justice Outreach worker, your probation officer, law enforcement, and defense attorney. Members of the team want to see you succeed in this program and are willing to help you maintain your recovery by supporting you wholeheartedly in your efforts.

This handbook has been created to provide guidance to treatment court participants throughout the treatment court program, the handbook will be a great resource for you, as a participant in the program. The handbook has been designed to answer your questions, summarize what is expected of you, and provide an overall summary of the program.

## **Veteran Treatment Court Overview**

All of the staff working with the treatment court program will assist you to make sure you understand what is expected of you. The team members will help in any way they can to make sure you are able to succeed.

# **The Treatment Court Team**

The Veteran Treatment Court team consists of the following members who work together to create a safe and supportive environment for you to succeed in the program.

- Trial Court Administrator
- District Attorney's office
- Treatment Court Coordinator
- Treatment Counselor
- Probation Officer
- Columbia County Sheriffs Office Liason
- Defense Attorney
- Veterans Justice Outreach Officer
- Peer Mentor
- Community Action Team

## **Mission Statement**

The mission of the Columbia County Veteran Treatment Court Program is to enhance public safety by providing a judicially supervised regime of appropriate treatment services and support to criminal justice involved veterans with the goal of returning law abiding citizens to the community, thereby honoring those who have served.

## **Eligibility Requirements**

- A. Veterans who suffer from substance use issues or,
- B. Veterans who suffer from unmanaged mental health symptoms
- C. Veterans who assess as high risk/high needs or high risk/low needs
- D. Veterans who have been charged with:
  - a. A new felony crime
  - b. A probation violation for a current felony crime
  - c. A probation violation while on post-prison supervision.
  - d. A misdemeanor crime (on a case by case basis only)
- E. Veterans who are current Columbia County residents (up to one mile on either side of the county line).

## **Equity and Inclusion**

The Veteran Treatment Court Team is committed to equity and inclusion. Our community partners offer a variety of treatment options which are trauma informed and responsive to various cultures, communities, and abilities. We also welcome feedback from the participants, community members and community partners.

## **Program Requirements**

- The length of the Veteran Treatment Court Program is a minimum of 13 months. Participants will not have the option of graduating early. The maximum amount of time that a participant can spend in the treatment court program is 3 years.
- Weekly and bi-monthly court hearings are a major component of the Veteran Treatment Court Program. You will be required to attend all court hearings unless otherwise excused by the Veteran Treatment Court team.
- Participants are required to meet with the Veteran Treatment Court coordinator on a weekly basis throughout the first phase of the program.
- As a participant in the Veteran Treatment Court Program you will be required to attend all treatment sessions as recommended by your treatment provider. This includes individual and group sessions, educational sessions, doctors' appointments, medication management appointments, and any other treatment related activities.
- You must report to your probation officer as directed. Your probation officer will provide you with a schedule identifying what days you must report.
- Urinalysis testing (UA) is required by the treatment court program. You will be tested for drug and alcohol use at random at a minimum of twice per week. Positive, dilute or missed UA's could result in a court-imposed sanction. Tampering with any drug test will be deemed a positive test and could result in a court-imposed sanction or termination from the program.

- Participants will be assigned a mentor while participating in the treatment court program. Engagement with a mentor is a required while participating. Volunteer mentors are here to support your efforts in creating a better life.
- Participants will be required to engage in job search or post-secondary education while in the program. Based on your progress in the program the treatment court team will decide and notify you when this requirement will start.

## **Attendance and Absence Policy**

Attendance is a crucial part of your participation in the Veteran Treatment Court Program. Attendance is defined as showing up on time for all services and appointments that are required by the treatment court program. Failing to show up on time to any services can result in a sanction by team.

Participants will not be absent from any Veteran Treatment Court related appointment unless the participant has gained prior permission from the team. Any absence from the program for an extended period of time (more than 1 day) must be requested in writing on an Absence Request Form and approved by the team (see Appendix A).

You may become ill while in the program. If you are ill and are unable to attend a treatment court related appointment you must call the Veteran Treatment Court coordinator and your probation officer, or instructor prior to the appointment. The coordinator and your probation officer can approve your absence for being ill but may also request that you see a doctor and provide proof of your illness. If anyone on the team feels that this policy is being taken advantage of the team may require you to see a doctor each time you are ill and provide proof to the team.

# Acceptable Medications

Nonsteroidal anti-inflammatory drugs (NSAIDs) have also been shown to interact with UDS immunoassays. Both ibuprofen and naproxen have been documented to cause false-positive barbiturate<sup>4</sup> and cannabinoid<sup>1-4</sup> levels. In addition, ibuprofen can cause a false-positive PCP level.

<b>Allergy/ Decongestants</b>	Claritin ® (Loratadine) Clarinet® (Desloratadine) Allegra® (Fexofenadine) Zyrtec® (Cetirizine)	<b>Nasal Decongestant</b>	Ayr Saline® Humist® Ocean® NaSal® Salinex
<b>Analgesics (pain relief)</b>	Advil® Aleve® Aspirin® Bufferin® Tylenol® Motrin® Midol®	<b>Nausea</b>	Emetrol® Emecheck® Pepto-Bismol® Nausetrol®
<b>Cough and Cold</b>	Organidin NR® Tablet Mucinex®- Chest Congestion Breonesin® Capsules Halls® Lozenges N'ice® Lozenges Sucrets® Lozenges Vicks® Cough Drops Vicks®Throat Discs	<b>Personal Products Hand wash</b>	Non-alcohol Soaps/water Antimicrobial soaps Betadine Hydrogen Peroxide
<b>Diarrhea</b>	Diasorb® Donnagel®Tabs Kaopectate® Kaopetolin® Kaodene® Lactinex® Imodium® AD Capsules and Tablets Pepto-Bismol® Rheaban® Bentyl® Tablets		

## Treatment Court Hearings

As a Veterans Treatment Court participant, you will be required to appear at weekly, bi-weekly or monthly court hearings depending on what phase you are in. Failure to appear will result in a warrant being issued for your arrest. If you are arrested or turn yourself in you will be held in jail until you can appear before the court. If you have questions about your court appearances you may contact the Veterans Treatment Court coordinator, probation officer, treatment provider or your attorney.

## Urinalysis Testing Protocol

Random urinalysis testing will occur while you are in the Veteran Treatment Court Program. Each participant will need to complete a UA orientation at Columbia Community Mental Health in order to be placed on the UA hotline. You will receive your UA color when you complete your intake appointment with the Treatment Court Coordinator.

Participants will be required to provide a UA at least twice per week. Please note, your color could be called more than twice a week. Columbia Community Mental Health will administer your UA's. **Monday through Friday UA's will be given at Columbia Community Mental Health at 58646 McNulty Way, St. Helens, Oregon 97051 between 10:30a.m. and 5:00p.m. Please note that the cut off time for UAs on Fridays is 2:45p.m.** Participants need to be ready to provide a sample upon arrival. Specimen levels must reach the temperature strip on the UA bottle or they will be considered invalid. Anyone caught trying to falsify a UA could be sanctioned by the team.

It is your responsibility to know what foods and beverages can result in a positive UA. Some foods that can cause a positive UA are:

- Poppy seeds

- Kombucha tea
- Synergy energy drinks
- CBD infused drinks or foods

## **Prescription Medication Policy**

Participants in the Veteran Treatment Court Program are not allowed to use prescription pain medication without prior permission from the team. Participants who attend a doctor or dentist appointment will tell physicians or other medical staff that they are in the treatment court program. Participants must have their doctor sign the Physician's Disclosure Statement (see Appendix A) located in the Treatment Court Office and return it to the Veteran Treatment Court coordinator. Participants seen over the weekend must submit the form within 24 hours or first thing Monday morning.

If a participant is prescribed any medication, they must contact their treatment counselor immediately to gain authorization to fill the prescription. The treatment counselor will monitor the use of any medication during individual counseling sessions and report any abuse of the medication to the treatment court team.

## **Incentives and Sanctions**

Incentives and sanctions are given by the Veteran Treatment Court team on an individual basis. The team will take many factors into consideration when implementing incentives and sanctions. The team will give an incentive for positive behaviors and achievements and can impose sanctions for negative behaviors and not achieving milestones in the program. Below is a list of achievements and choices that will cause the treatment court program to impose an incentive or a sanction.



RESPONSES TO BEHAVIOR	
ACHIEVEMENTS	RESPONSES
<ul style="list-style-type: none"> <li>▪ Attending court appearances</li> <li>▪ Negative drug test results</li> <li>▪ Attendance and participation in treatment</li> <li>▪ Attendance and participation in support meetings</li> <li>▪ Completion of GED</li> <li>▪ Job promotion</li> <li>▪ Compliance with treatment plan</li> </ul>	<ul style="list-style-type: none"> <li>▪ Recognition by the Judge</li> <li>▪ Certificates of achievement</li> <li>▪ Decreased court appearances</li> <li>▪ Phase advancement</li> <li>▪ Program graduation</li> <li>▪ Gift cards or activities (as funding permits)</li> </ul>
CHOICES	RESPONSES
<ul style="list-style-type: none"> <li>▪ Missed court appearances</li> <li>▪ Missed appointment with probation officer</li> <li>▪ Missed support meetings</li> <li>▪ Violation of court order</li> <li>▪ Positive drug test</li> <li>▪ Missed UA (considered a positive drug test)</li> <li>▪ Tampered UA or forged case documentation</li> <li>▪ Missed treatment</li> <li>▪ Inappropriate behavior at treatment facility</li> <li>▪ New arrest</li> <li>▪ Driving while license suspended/revoked</li> <li>▪ Failure to perform sanctions</li> <li>▪ Noncompliance with treatment plan</li> <li>▪ Dishonesty</li> </ul>	<ul style="list-style-type: none"> <li>▪ Reprimand from the Judge</li> <li>▪ Increased court appearances</li> <li>▪ Increased drug testing</li> <li>▪ 90 community support meetings in 90 days</li> <li>▪ Team Round Table</li> <li>▪ Additional community service hours</li> <li>▪ Essay presented to Judge</li> <li>▪ Work crew</li> <li>▪ Jail or holding cell</li> <li>▪ Reviewing the policies and procedures/handbook</li> <li>▪ Termination from the program</li> </ul> <p>When the participant is failing to attend treatment and is continuing to use drugs and or alcohol, the team may implement a treatment response of increased treatment or residential treatment</p>

## **Transportation**

It is the responsibility of the participant to provide transportation to and from treatment court related activities. The Veteran Treatment Court Program may be able to assist with a bike, gas, or bus passes, but this is only available if funding is available. Please contact the Veteran Treatment Court coordinator for information on bikes, gas and bus passes. Transportation to and from the Veterans Administration Hospital will be provided by the program on a daily basis.

## **Graduation**

Participants in the Veteran Treatment Court must meet the standards set below to graduate the program:

- Participant will have 90 consecutive days clean and sober
- Participant will be maintaining a job or engaged in school or some type of volunteer work
- Participant will be maintaining contact with the Veteran Justice Outreach Officer
- Participant will be maintaining contact with the assigned
- Participant will be maintaining contact with their clean and sober network
- Participant will be engaged in pro social activities
- Participant will have successfully completed all 5 phases of the Veteran Treatment Court Program

# **Termination**

The program design is one which makes it difficult for a participant to leave the program. However, certain participant behaviors may cause the Judge to consider termination.

1. Behaviors that could result in termination include:
  - a. Warrants or new arrest of a significant crime such as a felony
  - b. Missing several uranalysis tests
  - c. Having multiple positive uranalysis tests
  - d. Altering a uranalysis test in any way
  - e. Chronic abuse of the rules such as failing to comply with the probation officer, coordinator, and treatment provider
  - f. Violence directed at anyone

Violations of program rules are typically addressed through a series of graduated sanctions that could eventually lead to termination. The participant has waived their right to the probation violation process; therefore, sanctions are given without a probation violation hearing. However, if the anticipated sanction is likely to proceed to termination from the program, the participant will be served with a probation violation and may exercise their right to a hearing.

A participant may also leave the program by choice. However, the participant is required to give the Judge a verbal report as to the reasons for leaving. The participant will also be required to serve the original jail/prison sentence.

# **General Rules**

As a participant, you will be required to abide by the rules outlined in the participant contract, including, but not limited to the following.

1. Will work with your treatment counselor towards abstinence from substance use.
2. Inform your doctor's and or dentist's that you are in a treatment program and may not take narcotic medications or addictive medications.
3. Attend court sessions and treatment sessions as scheduled, submit to random uranalysis testing and maintain sobriety.
4. Do not associate with people who are using substances.
5. Do not possess any weapons while in the Veteran Treatment Court Program.
6. Keep the Veteran Treatment Court team informed of your current address and phone number at all times.
7. As a condition of participation in the Veteran Treatment Court Program, your person, property, place of residence, vehicle or personal effects may be searched at any time with or without a warrant, and with or without reasonable cause, when required by a probation officer or other law enforcement officer.
8. Dress appropriately for court and treatment sessions.

# **Phases of the Treatment Court Program**

Treatment court is a 13 month program divided into four phases. A participant must successfully complete each phase before transitioning to the next.

## **Phase 1 – Acute Stabilization**

Length of phase – 60 days minimum

Frequency of court appearances – Every week

### **Requirements:**

- Participants will make all required court appearances
- Participants will continue their engagement with treatment recommendations
- Participants will submit to all random UA's
- The participant will demonstrate compliance with conditions of probation
- Participant will obtain a mental health assessment
- Participant will obtain a medical assessment
- Participant will start changing people, place and things
- Participant will begin looking for safe and stable housing
- Participants will contact the mentor coordinator
- Participants will engage with the Veteran Justice Outreach Officer
- Participants will meet with the Veteran Court coordinator weekly
- The participant will have 14 days clean and sober to advance to the next phase

## **Phase 2 – Clinical Stabilization**

Length of phase – 90 days minimum

Frequency of court appearances – Every other week

### **Requirements:**

- Participants will attend all required court appearances
- Participants will continue their engagement with treatment recommendations
- The participant will demonstrate continued compliance with conditions of probation
- Participants will submit to all random UA's
- Participants will seek out pro-social activities to engage in
- Participant will obtain safe and stable housing
- Participant will address any medical issues as recommended from medical assessment
- Participants will start making a plan to pay off court fees and fines as well as supervision fees
- Participants will engage with the peer mentor
- Participants will demonstrate continued engagement with the Veteran Justice Outreach officer
- Participant will demonstrate changing people, places and things
- The participant must have 30 days clean and sober to advance to the next phase

### **Phase 3 – Adaptive Habilitation**

Lent of phase – 120 days minimum

Frequency of court appearances – Monthly

#### **Requirements:**

- Participants will continue their engagement with treatment recommendations
- Participants will demonstrate continued compliance with their conditions of probation
- Participants will continue their engagement with the Veteran Justice Outreach Officer
- Participants will continue their engagement with the peer mentor
- Participants will submit to all random UA's
- Participants will engage in pro-social activities
- Participants will maintain safe and stable housing
- Participant will continue to address any medical issues as recommended from medical assessment
- Participants will begin seeking employment if applicable and not already employed
- Participants will establish a plan to pay off court fees and fines as well as supervision fees
- Participant will address ancillary services (i.e. parenting, family support, etc.)
- Participant will demonstrate changing people, places and things
- Participants will have 45 days clean and sober to advance to next phase

## **Phase 4 – Continuing Care**

Length of phase – 120 days minimum

Frequency of court appearances – Monthly

### **Requirements:**

- Participants will make all required court appearances
- The participant will demonstrate continued compliance with conditions of probation
- Participants will continue their engagement with treatment recommendations
- Participants will submit to all random UA's
- Participants will continue to engage in pro social activities
- Participants will continue to seek employment if applicable and not already employed
- Participants will continue to maintain employment or enroll in vocational training or school
- Participants will maintain safe and stable housing
- Participants will continue to follow their payment plan with the court and probation
- Participant will continue to address any medical issues as recommended from medical assessment
- Participant will address ancillary services (i.e. parenting, family support, etc.)
- Participants will continue their engagement with the peer mentor
- Participants will continue their engagement with the Veteran Justice Outreach Officer
- Participant will demonstrate changing people, places and things
- Participants will have 90 days clean and sober to graduate



# Treatment

The Columbia County Veteran Treatment Court will offer wrap around services to its participants. The level of treatment will be determined based on the results of a certified and accredited substance use assessment and a mental health assessment tool.

Alcohol and drug treatment		
Treatment Type	Duration	Location
Detox	3-5 days	Portland or St. Helens
Residential	30 days to 9 months	Various locations
Intensive outpatient	6 months to 1 year	Veterans Hospital or CCMH
Outpatient	4 to 6 months	Veterans hospital in Vancouver, Portland or CCMH
Aftercare	2 to 6 months	Veterans hospital in Vancouver, Portland or CCMH

Mental Health Treatment		
Treatment Type	Duration	Location
Inpatient	1 to 30 days	Portland
PTSD	Varies	Portland or Vancouver
Outpatient	Varies	Portland or Vancouver

# **Release of Information and Confidentiality**

The Columbia County Veteran Treatment Court Program will adhere to strict level of confidentiality when working with participants. The Columbia County Veteran Treatment Court Program will follow the guidelines listed below:

- Information relating to the identity, diagnosis, prognosis or treatment of any participant will not be disclosed to anyone other than the treatment court team members, after appropriate consent has been obtained. Information used for evaluation purposes will not disclose the identity of any participant.
- Due to prohibitions on the re-disclosure of information regarding identity, diagnosis, prognosis or treatment, information transmitted or received by any of the parties set forth above shall be subject to the same restrictions.
- Defendants are provided with a copy of the Consent for Disclosure of Confidential Substance Abuse Information. Notice of confidentiality requirements is also given to defendants orally. The Consent of Disclosure form stipulates it is effective until the participant completes the program or is terminated from the program. The defendant will have an opportunity to consult either his/her own attorney or a court appointed attorney prior to signing the consent forms.
- A copy of the waiver form will be sent to along with the results of the screening to the appropriate treatment provider.
- Federal regulations allow the disclosure of information under the following circumstances:
  - Medical emergencies where the participant's well-being may depend on the disclosure of treatment related information to medical personnel.
  - In the event of crimes on the program premises or against program staff, information concerning the details of the incident and the participant's name and whereabouts may be revealed.

- All written Veteran Treatment Court Program records will be stored in a secure room or locked cabinet. Veteran Treatment Court Program records are not available to the public and will be kept separately from other court records. Team members of the Columbia County Veterans Treatment Court Program will be regularly educated about the procedures and the rationale behind them.
- Upon termination from the Veteran Treatment Court Program, consent to disclosure expires. All paper records will be held for three years. After the three years, Veteran Treatment Court files will be destroyed.
- Veteran records are all confidential and will not be released to anyone without authorization from the participant.
- The Columbia County Veteran Treatment Court Program will accept visitors on a case by case basis. All visitors will be required to read and sign a statement of confidentiality.

# **Veteran Treatment Court Team**

## **Phone Numbers**

Columbia County Circuit Court	503-397-2327
District Attorney's Office	503-397-0300
Columbia County Sheriff's Office	503-397-3333
Columbia Community Mental Health	503-397-5211
Probation	503-397-6253
Julie Heuer - Program Manager	503-397-2327 x 70128
Sami Cernac- Program Coordinator	503-397-2327 x 72137
Alex Collins- Program Coordinator	503-397-2327 x 72433
Defense Attorney: Shannon Mortimer	971-420-4315
Veteran Mentor: Doug Walker	503-201-5045
Veteran Mentor: Ashley Taylor	714-600-0297
Veterans' Justice Outreach Officer: Peggy Kuhn	503-757-3174
UA Testing Phone #	503-396-4501
Other:	

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

## COLUMBIA COUNTY TREATMENT COURTS

### ABSENCE REQUEST FORM

Any absence from the program for an extended period (more than 1 day) must be requested in writing and approved by the team. Please provide as many details as possible.

Name: \_\_\_\_\_

Dates of absence:      From \_\_\_\_\_      To: \_\_\_\_\_

Reason for absence: \_\_\_\_\_

\_\_\_\_\_

Where are you going/staying? \_\_\_\_\_

\_\_\_\_\_

Who is going with you? \_\_\_\_\_

\_\_\_\_\_

Do you need a travel pass from PO?      YES ( )      NO ( )

Plans for UAs if called: \_\_\_\_\_

\_\_\_\_\_

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

Signature: \_\_\_\_\_

DO NOT WRITE BELOW THIS LINE

-----

Received by: \_\_\_\_\_

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

Approved:      YES ( )      NO ( )



**19<sup>TH</sup> JUDICIAL DISTRICT**  
**Columbia County**  
**230 Strand Street, St. Helens, Oregon 97051**  
**Veteran Treatment Court, 503-397-2327 ext. 334**

## **Columbia County Veteran Treatment Court** **Physician Disclosure Policy**

Name of Patient: \_\_\_\_\_ Date of birth: \_\_\_\_\_

### **TO WHOM IT MAY CONCERN**

Effective June 14<sup>th</sup>, 2010, Participants of the Columbia County Veteran Treatment Court Program are required to notify any medical provider from whom they seek medical treatment of the following information:

*“I am a participant in the Columbia County Veteran Treatment Court Program and required to disclose that I have an addiction to chemical substances. Unless absolutely medically necessary in the treatment of an illness or injury, I am NOT to be prescribed a medication containing a narcotic/addictive drug or any other type of medication that may interfere with the treatment of my addiction.”*

The participant must request that the Practitioner write on the participant’s file that the patient is a Treatment Court participant, sign and date the entry. A copy of this form in the participant’s file may suffice of this notation. The participant is required to obtain a signed copy of this form to be brought to the Court no later than 12pm (noon) on the next business day.

Failure of the participant to comply with this Policy will result in a sanction determined by the Treatment Court Team.

Physician’s Name \_\_\_\_\_

\_\_\_\_\_  
Physician’s acknowledgement of receipt of this notice

\_\_\_\_\_  
Signature of VTC participant

\_\_\_\_\_  
Name of Facility/Clinic

\_\_\_\_\_  
Date

LAST NAME- FIRST NAME- MIDDLE NAME		DATE OF BIRTH (mm/dd/yyyy)
<b>SENSITIVE DIAGNOSES: REVIEW AND, IF APPROPRIATE, COMPLETE WHEN RELEASE IS FOR ANY PURPOSE OTHER THAN TREATMENT.</b> I request and authorize Department of Veterans Affairs to release the information pertaining to the condition(s) below for the non-treatment purpose(s) listed in this authorization. <div style="display: flex; justify-content: space-between; align-items: flex-start;"> <div style="width: 60%;"> <input checked="" type="checkbox"/> DRUG ABUSE                <input checked="" type="checkbox"/> ALCOHOLISM OR ALCOHOL ABUSE                <input type="checkbox"/> SICKLE CELL ANEMIA   <input type="checkbox"/> HUMAN IMMUNODEFICIENCY VIRUS (HIV)         </div> <div style="width: 35%; font-size: small;">           I understand that information on these sensitive diagnoses may be released for treatment purposes without me checking the above boxes, and will be released even if the boxes are unchecked <u>unless</u> I indicate by checking the box below that I do not want this information released for this specific disclosure.   <input type="checkbox"/> <b>I do not want sensitive diagnoses released for treatment purposes under this specific authorization. I realize this does not impact other future requests unrelated to this authorization.</b> </div> </div>		
<b>AUTHORIZATION:</b> I certify that this request has been made freely, voluntarily and without coercion and that the information given above is accurate and complete to the best of my knowledge. I understand that I will receive a copy of this form after I sign it. I may revoke this authorization in writing, at any time except to the extent that action has already been taken to comply with it. Written revocation is effective upon receipt by the Release of Information Unit at the facility housing records. Any disclosure of information carries with it the potential for unauthorized redisclosure, and the information may not be protected by federal confidentiality rules.  I understand that the VA health care provider's opinions and statements are not official VA decisions regarding whether I will receive other VA benefits or, if I receive VA benefits, their amount. They may, however, be considered with other evidence when these decisions are made at a VA Regional Office that specializes in benefit decisions.		
<b>EXPIRATION:</b> Without my express revocation, the authorization will automatically expire ( <i>select one of the following</i> ): <input type="checkbox"/> AFTER ONE-TIME DISCLOSURE, IF ALL NEEDS ARE SATISFIED <input type="checkbox"/> ON (mm/dd/yyyy) _____ ( <i>enter a future date other than date signed by patient</i> ) <input checked="" type="checkbox"/> UNDER THE FOLLOWING CONDITION(S): <u>Valid until veteran completes Vet court programs/courts/probation or revoked by Veteran</u>		
PATIENT SIGNATURE ( <i>Sign in ink</i> )		DATE (mm/dd/yyyy)
LEGAL REPRESENTATIVE SIGNATURE ( <i>if applicable</i> ) ( <i>Sign in ink</i> )		DATE (mm/dd/yyyy)
PRINT NAME OF LEGAL REPRESENTATIVE	RELATIONSHIP TO PATIENT	
<b>FOR VA USE ONLY</b>		
TYPE AND EXTENT OF MATERIAL RELEASED		
DATE RELEASED (mm/dd/yyyy)	RELEASED BY:	