

IN THE CIRCUIT COURT, THE STATE OF OREGON

MALHEUR COUNTY, CITY OF VALE

STATE OF OREGON,

v.

Defendant.

Case No.

COURT'S TREATMENT ORDER, PATIENT
CONSENT TO DISCLOSURE AND ORDER OF
DISCLOSURE

DEFENDANT, THIS IS A COURT ORDER – YOU MUST READ AND COMPLY WITH THE FOLLOWING INSTRUCTIONS. Your compliance is required and time is of the essence.

1. You must contact the selected provider(s) within 5 days of either this Order or your release from custody, whichever is later, to schedule your evaluation and/or classes.
2. If the treatment to which you were referred to requires an initial evaluation (DUII, drug & alcohol, domestic violence, mental health, sex offender) you must complete the evaluation within 30 days of this Order. It will be your responsibility to attend, participate and pay for the evaluation and treatment. You cannot change evaluators or treatment providers without written permission from your probation officer if you are on supervised probation or the court if you are on bench probation.
3. You will take any sentencing order, a copy of your charging document (Indictment, Information or Citation), and plea agreement to the provider along with any other previous treatment records.
4. Your signature on this form authorizes the treatment provider to release Protected Health Information under a federal law known as 'HIPAA'.
5. If you change your address, physical or mailing, during probation, advise the court, provider(s) and probation officer, if applicable, in writing on each case you have.
6. If you fail to initiate, pay for or complete treatment, the provider will report any non-compliance to the court, and an Order to Show Cause Why Your Probation/Conditional Discharge/Deferred Sentencing/Diversion Should Not Be Revoked may be filed against you. If a Show Cause is filed against you, either a warrant for your arrest will be issued or a notice to appear will be sent to the last mailing address you provided to the court.
7. Treatment is to be completed no later than 1 year from sentencing, unless otherwise approved by the court.
8. With the Court's Permission, you have chosen to obtain evaluation and/or complete treatment with the below provider. It will be your responsibility to submit an evaluation/assessment or an initial progress report (if treatment does not require evaluation/assessment) to Malheur County Circuit Court **and** Malheur County Community Corrections prior to the Sentencing Date of: _____ or within 45 days of this Order. After the initial report, it will be your responsibility to submit a completion certificate to the Malheur County Circuit Court **or** Malheur County Community Corrections.

Provider: _____
 Type of Treatment: _____
 Address: _____
 Telephone/Fax #: _____

DUI ASSESSMENTS FOR DIVERSION CONVICTION:

Eagle View Evaluations
Roy Lara
225 SW 1st Ave
P O Box 222
Ontario, OR 97914
208-739-2425
English & Spanish

Phostic Evaluations
Claudia Wilcox
208-405-1092
Evening and Weekend
appointments available. Will
travel to perform evaluations

DUI VICTIM IMPACT PANEL:

Lifeways Behavioral Health
702 Sunset Dr
Ontario, OR 97914
541-889-9167, Ext 252 (Burks)
Class held every 4 months

DRUG AND ALCOHOL SCREENING, ASSESSMENTS AND TREATMENT (NON-DUI):

Lifeways Behavioral Health
702 Sunset Dr
Ontario, OR 97914
541-889-9167
English & Spanish

Phostic Evaluations
Claudia Wilcox
208-405-1092
Evening and Weekend
appointments available. Will
travel to perform evaluations

Altruistic Recovery
Annette Serrano
1052 SW 4th Ave, Suite 2
Ontario, OR 97914
541-216-6068

DOMESTIC VIOLENCE EVALUATION

Eagle View Evaluations
Roy Lara
225 SW 1st Ave
P O Box 222
Ontario, OR 97914
208-739-2425
English & Spanish

SEX OFFENDER EVALUATION:

SANE SOLUTIONS Dr. David R. Starr, PhD
300 S 23rd St P O Box 769
Boise, ID 83702 Star, ID 83669
208-345-1170 208-461-1310

ANGER MANAGEMENT:

Lifeways Behavioral Health
702 Sunset Dr
Ontario, OR 97914
541-889-9167

PARENTING SKILLS CLASS:

TFP Therapeutic Services
390 NE 2nd St
Ontario, OR 97914
541-889-1050

MENTAL HEALTH EVALUATION:

Lifeways Behavioral Health
702 Sunset Dr
Ontario, OR 97914
541-889-9167
Walk-in Evals Mon-Fri: 10am to
12pm and 1pm to 2pm

Altruistic Recovery
Annette Serrano
1052 SW 4th Ave, Suite 2
Ontario, OR 97914
541-216-6068

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541-216-6068

TO TREATMENT PROVIDERS DESIGNATED ABOVE

Please submit an evaluation/assessment, an initial progress report (if treatment does not require evaluation/assessment) or a notice of non-compliance to the Malheur County Circuit Court and Malheur County Community Corrections Prior to the Sentencing Date of: _____ or within 45 days of this Order.

After the initial report, please submit any follow-up notices of non-compliance, termination notice, completion certificate or any other reports you feel the supervising agency is in need of notice of to the Malheur County Circuit Court or Malheur County Community Corrections.

PATIENT/DEFENDANT CONSENT

I authorize the provider marked above to disclose my health information as identified above to the Malheur County Circuit Court for the State of Oregon, and, if on supervised probation, also to Malheur County Community Corrections.

I understand that I may refuse to sign this authorization and that my refusal to sign will not affect my ability to obtain treatment, payment, enrollment or eligibility for benefits. Except to the extent that action has been taken in reliance of this authorization, I understand that I may revoke this authorization at any time by giving written notice to this provider. However, any refusal to sign or any subsequent revocation of my consent may violate the conditions of my probation. I may inspect or copy any information disclosed under this authorization. Unless revoked earlier, this authorization will terminate on successful completion or termination of probation.

I understand the purpose of this consent is to allow the court, the prosecutor and my attorney to determine my compliance with the conditions of probation. I understand that if the person or entity receiving this information is not a health care provider or health plan covered by federal privacy regulations, the information described above may be re-disclosed and no longer protected. I understand that the person(s) I am authorizing to disclose my information may receive compensation for doing so.

I have read and acknowledged the above referral(s) and understand my obligation to file reports with the court during the course of my probation, and understand that time is of the essence of my obligations under the court orders.

DATED:

(Signature)

Defendant's Address:
Defendant's Telephone Number:
Defendant's Date of Birth:

Incident Date:	BAC Reading:	Defendant's Driver's License/State:	Defendant's SID#:

ORDER OF DISCLOSURE

The court finds that there is strong public interests in assuring probationers comply with the conditions of their probation to assure offender reformation and public safety. The court finds such interest outweighs the potential injury to the patient, the physician-patient relationship and the treatment services.

IT IS HEREBY ORDERED the above designated provider(s) and any additional provider(s) further referred to by the above designated provider(s) for the purpose of completing treatment or counseling as ordered by the court may disclose the patient's health information as identified above to the Malheur County Circuit Court for the State of Oregon, and, if on supervised probation, also to Malheur County Community Corrections in compliance with 42 CFR §2.61 and 45 CFR §164.512(e)(i).

IT IS FURTHERED ORDERED that if the patient wishes to challenge this Order, the patient may do so by filing a written objection with this court. Upon receiving any written objection, the court shall set an immediate hearing, but no later than 14 days.

IT IS FURTHERED ORDERED that the use of any disclosure shall be limited to assuring the compliance of the patient with conditions of court imposed probation. In compliance with 42 CFR §2.1(c) and 42 CFR §2.2(c), such disclosure shall not be used to initiate or substantiate any new criminal charges against the patient.

SO ORDERED BY THE COURT

Circuit Judge