

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 #: \_\_\_\_\_

**DUII ASSESSMENTS FOR  DIVERSION  CONVICTIONS**

Eagle View Evaluations  
Roy Lara  
1052 SW 4th Ave, Suite 3  
P O Box 222  
Ontario, OR 97914  
208-739-2425  
*English & Spanish*

**DUII 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-DUII):**

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  
1052 SW 4th Ave, Suite 2  
Ontario, OR 97914  
541-216-6068

**DOMESTIC VIOLENCE EVALUATION**

Eagle View Evaluations  
Roy Lara  
11052 SW 4th Ave, Suite 3  
P O Box 222  
Ontario, OR 97914  
208-739-2425  
*English & Spanish*

**SEX OFFENDER EVALUATION:**

SANE  
SOLUTIONS  
300 S 23<sup>rd</sup> St  
Boise, ID 83702  
208-345-1170

Dr. David R.  
Starr, PhD  
P O Box 769  
Star, ID 83669  
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 2<sup>nd</sup> 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  
1052 SW 4th Ave, Suite 2  
Ontario, OR 97914  
541-216-6068

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1052 SW 4th Ave, Suite 2  
Ontario, OR 97914  
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

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Circuit Judge