

**AGREEMENT TO PARTICIPATE
WASHTENAW COUNTY VETERANS TREATMENT COURT**

I, _____, agree to participate in the Washtenaw County Veterans Treatment Court Program. I agree to follow all terms and conditions of the Veterans Treatment Court program as established by the Court and the Veterans Treatment Court team.

I agree to:

1. Complete any evaluations or assessments as directed by the Veterans Treatment Court and follow the recommendations thereof. The treatment recommendations will be shared with the Veterans Treatment Court team.
2. Work with treatment staff to develop a treatment plan and follow the plan, accordingly, including aftercare and continuing care recommendations.
3. Meet with a member of a veteran service organization or a county veteran counselor, as directed by the Veterans Treatment Court, to discuss available veterans benefit programs for which I may qualify. MCL 600.1208(1)(f).
4. Not use, possess, or consume alcohol and/or other illegal or controlled substances, nor be in the presence of any person using, possessing, or consuming said substances; nor enter premises where alcohol is the primary source of revenue. I understand if I am found to be under the influence of drugs, alcohol, or medication not prescribed to me that I may be sanctioned and/or terminated from the program.
5. Submit to PBT's, electronic alcohol monitoring, and/or drug and alcohol screenings as directed.
6. Be employed or enrolled in an educational program or participate in another positive activity as directed.
7. Notify the veterans treatment court of any changes in phone number within 24 hours.
8. Not change my place of residence without first notifying the veterans treatment court.
9. Notify the veterans treatment court of any police contact, arrest or criminal charge within 24 hours of event or of release from jail.
10. Make full and truthful reports to the Veterans Treatment Court as directed by any team member.
11. Not engage in any antisocial, assaultive, threatening, or aggressive behavior.
12. Not leave the state without the prior consent of the Veterans Treatment Court.
13. Maintain the confidentiality of other Veterans Treatment Court participants.
14. Pay all court ordered fines and costs, including minimum state costs, the Veterans Treatment Court fee, crime victims' rights assessments, and restitution resulting from my conviction, in order to successfully complete the program. I will also pay all, or make substantial contributions toward payment of, the costs of the treatment and the Veterans Treatment Court program services provided to me, including, but not limited to, the costs of urinalysis and such testing or any counseling provided. However, if the court determines that the payment of fines, the fee, or costs of treatment would be a substantial hardship for me or would interfere with my treatment, the court may waive all or part of those fines, the fee, or costs of treatment. MCL 600.1208(1) and (3).

15. Appear in court on all scheduled court dates and to attend all appointments with my probation officer, case manager, mentor, and/or treatment provider.
16. Comply with the program's policies and conditions discussed within the Washtenaw County Veterans Treatment Court Participant Handbook.

I waive the following rights:

1. The right to a speedy trial.
2. The right to representation by an attorney at the review hearings. I still maintain the right to an attorney for any program violation or probation violation where the facts are contested and a liberty interest is at stake, or if I may be terminated from the Veterans Treatment Court program.
3. With the agreement of the prosecutor, the right to a preliminary hearing.
4. To be present at the team staffing meetings.

I understand that:

1. The Veterans Treatment Court program has a duration of eighteen to twenty-four months.
2. If I am convicted of a felony for an offense that occurred after I am admitted to Veterans Treatment Court, the judge must terminate my participation in the program per MCL 600.1208.
3. I understand I am required to attend all appointments for court, treatment, ancillary services, and all drug and alcohol testing as scheduled.
4. I understand that Veterans Treatment Court staff may make unscheduled home visits, and I will allow veterans treatment court team members, together with law enforcement officials if accompanied, into my home at any time for supervision or compliance reasons.
5. Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the Veterans Treatment Court or that confidential information may be revealed.
6. Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Veterans Treatment Court team members at a staffing meeting. I understand that if a nonteam member is invited to participate in a staffing meeting, they must sign a confidentiality agreement and receive my consent prior to observation. I understand that participants will not be present at staffing meetings.
7. The data in my public and confidential file may be used for research, data analysis and program evaluation by the Veterans Treatment Court, court staff, or individuals or others independent of the Veterans Treatment Court. Any data used in this way will be deidentified prior to distribution.
8. Failure to fully comply with all the terms and conditions of the program listed above may result in the following:
 1. Notification to the judge that I am in violation of the program.
 2. If I admit guilt to or am found guilty of a program violation; then sanctions, up to and including jail, may be imposed or additional conditions may be added as determined by the judge with input from the Veterans Treatment Court team.
 3. Termination from the program.

9. I understand that the Veterans Treatment Court may amend these conditions and/or add new conditions, notice of which will be provided to me in writing. I understand that I must comply with the amended or added conditions.

The Veterans Treatment Court coordinator and/or probation staff agrees to:

1. Provide the participant with a copy of the Washtenaw County Veterans Treatment Court Participant Handbook.
2. Meet with the program participant as needed to help assure successful completion in the program.
3. Report the participant's progress and test results to the court.
4. Refer the participant to any community agency at the Veterans Treatment Court's disposal which may assist in the participant's recovery.

I have discussed the above listed conditions with my attorney.

Participant Signature

Date

I have discussed the above listed conditions with the participant.

Attorney Signature

Date

Printed Name of Attorney

APPENDIX B

Washtenaw County Veterans Treatment Court Multiple-Party Consent for Release of Information

Participant's Full Name: _____ DOB: _____

I authorize the following parties:

1. Washtenaw County Veterans Treatment Court
2. 15th District Court Probation Department
3. Washtenaw County Prosecutor's Office
4. Washtenaw County Public Defender's Office
5. Ann Arbor Police Department
5. Veterans Administration
5. Washtenaw County Veterans Affairs Department
8. Veterans Treatment Court Mentor Coordinator
9. Washtenaw County Office of Community Corrections
10. Michigan Secretary of State (Interlock Program)
11. Assessment and/or Treatment Providers

If information is authorized to be released to a party under a general designation, the participant (or other individual authorized to sign in lieu of the participant), understands that, upon request and consistent with this part, the Washtenaw County Veterans Treatment Court program will provide a list of entities to which their information has been disclosed pursuant to the general designation (see 42 CFR, Part 2 § 2.13(d)).

To communicate with and disclose to one another the following information:

INFORMATION TO BE SHARED

1. Name, address, and other personal identifying information of the participant.
2. Washtenaw County Veterans Treatment Court program assessments (GAIN, COMPAS, and risk and needs, etc.).
3. Washtenaw County Veterans Treatment Court program behavior summaries and updates.
4. Treatment information, including assessments, attendance, progress and compliance reports, treatment plans and discharge summaries.
5. Drug and alcohol screening, testing, confirmation results, and payment information.
6. Health information.
7. Reportable communicable disease information, including HIV, sexually transmitted infections, hepatitis, and tuberculosis.
8. Health plan or health benefits information.
9. Electronic monitoring information, including compliance and payment information.
10. Other (specify, if any): _____

Note: I authorize all of the foregoing information to be shared unless I indicate here, by number, one or more categories of information not to be shared:

PURPOSE OF USE AND DISCLOSURE

The purposes for the disclosures authorized by this form are:

- To assess the participant's, need for substance use, mental health, or developmental disabilities services and treatment.
- provide, manage, and coordinate Washtenaw County Veterans Treatment Court program and substance use, mental health, and developmental disabilities services and treatment for the participant.
- To develop a Person-Centered Plan, Service Plan, and/or Treatment Plan for the participant.
- To make dispositional recommendations for a court-involved participant.
- To monitor payment for services and establish financial assistance if determined necessary.
- To improve service and treatment outcomes for participants involved in the Washtenaw County Veterans Treatment Court program.
- To monitor my participation in the Washtenaw County Veterans Treatment Court program and my compliance with the program rules.
- To disclose to the Michigan Secretary of State (Interlock Program) information required on Michigan for MC393 to obtain a restricted license through the ignition interlock program.
- Other (please specify): _____

REDISCLASURE AND CONFIDENTIALITY

Once health care information is disclosed pursuant to this signed authorization, I understand that the federal health privacy law (45 CFR, Parts 160 and 164) protecting health information may not apply to the recipient of the information and, therefore, may not prohibit the recipient from redisclosing information to others. However, substance-abuse treatment information protected by federal law (42 CFR, Part 2), shall remain confidential and must not be redisclosed by the recipient except as authorized by those laws or this authorization. The federal rules restrict any use of this information to criminally investigate or prosecute any alcohol or drug abuse patient.

CONSENT EXPIRATION

The date, event, or condition upon which consent expires must ensure that the consent will last no longer than reasonably necessary to serve the purpose for which it is given.

This consent for release of information shall expire upon my discharge from the Washtenaw County Veterans Treatment Court program.

REVOCATION

I understand that I may revoke this consent, orally or in writing, at any time except to the extent that action has been taken in reliance on it.

I also understand that if I refuse to consent to disclosure or attempt to revoke my consent prior to the expiration of this consent such action is grounds for immediate termination from the Washtenaw County Veterans Treatment Court program.

CONFIDENTIALITY RIGHTS

Federal law protects the confidentiality of treatment records under 42 CFR, Section 2.1 through Section 2.67; and Section 290dd-2. This means that:

- Treatment information is ordinarily kept confidential.
- Review hearings are held in open and public courtrooms, and although the court attempts to minimize confidential information in court, it is possible that an observer could connect a participant's identity with the fact that he or she is in treatment as a condition of participation in the Washtenaw County Veterans Treatment Court or that confidential information may be revealed. I specifically consent to a potential disclosure to third persons.
- Staffing meetings, which are held before review hearings, are typically closed to the public. Confidential information may be discussed by the Washtenaw County Veterans Treatment Court team members at a staffing meeting. It is a crime to violate confidentiality requirements, and the participant may report such violations to Michigan's attorney general at 517-373-1110.
- Notwithstanding this confidentiality requirement, covered information may be released under specified circumstances and may include medical emergency, crimes on the premises, crimes against staff, administration/qualified service providers working with the Washtenaw County Veterans Treatment Court, and outside auditors, central registries and researchers.
- The restrictions on disclosure and use in the regulations in 42 CFR part 2 do not apply to:
 1. Communications with law enforcement agencies or officials regarding a crime committed on program premises or against program personnel
 2. The reporting under state law of incident of suspected child abuse and neglect to the appropriate state or local authorities. However, the restrictions continue to apply to the original substance use disorder patient records maintained by the part 2 program including their disclosure and use for civil or criminal proceedings which may arise out of the report of suspected child abuse or neglect.
 3. Court orders signed pursuant to 42 CFR part 2 for release of specific information
 4. Disclosure to medical personnel if there is a determination that a medical emergency exists, i.e., there is a situation that poses an immediate threat to the health of any individual and requires immediate medical intervention – Information disclosed to the medical personnel who are treating such a medical

emergency may be redisclosed by such personnel for treatment purposes as needed

5. Reporting an immediate threat to the health or safety of an individual or the public to law enforcement if patient-identifying information is not disclosed

I acknowledge that I have been advised of my rights, have received a copy of the advisement, and have had the benefit of legal counsel or have voluntarily waived the right to an attorney. I am not under the influence of drugs or alcohol. I fully understand my rights and I am signing this Consent voluntarily.

SIGNATURE CONSENTING TO RELEASE OF INFORMATION

Participant Signature

Date

VTC Witness Signature

Date

VTC Witness Printed Name

**I CONFIRM THAT THE PARTICIPANT WAS ADVISED OF
CONFIDENTIALITY RIGHTS BOTH VERBALLY AND IN WRITING ON
THIS DATE.**

VTC Witness Signature

Date

VTC Witness Printed Name