

**IN THE CIRCUIT COURT FOR CECIL COUNTY, MARYLAND  
ADULT DRUG TREATMENT COURT (ADTC) PROGRAM**

**THE MATTER OF:** \_\_\_\_\_ **CASE NO:** \_\_\_\_\_

**Consent for Disclosure of Confidential Substance Abuse & Drug Court Information**

I, \_\_\_\_\_, authorize the exchange of information pertaining to my eligibility and or participation in the Cecil County Adult Drug Treatment Court Program with staff members at the following organizations/agencies:

Cecil County Adult Drug Court Judge and associated judicial staff  
Office of the State's Attorney for Cecil County  
Defense Attorney or Public Defender associated directly with the ADTC case  
Maryland State Division of Parole and Probation  
Cecil County Sheriff's Department Deputy assigned to ADTC  
Elkton Police Department's Officer assigned to ADTC  
Cecil County Department of Corrections  
Cecil County Health Department  
Treatment Provider: \_\_\_\_\_  
Other: \_\_\_\_\_

It has been explained to me that the purpose of and the need for this exchange of information is to determine my eligibility and/or acceptability for the ADTC program and, upon entering the program, to monitor my progress in treatment and supervision. The information to be disclosed is my assessment, diagnosis, medications, recommendations, attendance record, behavior and attitude, drug test and BAC results and compliance. Additional information may be disclosed as it directly relates to the ADTC case.

I understand that my information will be used in aggregate form by the ADTC program, Drug Treatment Court Commission and the State of Maryland.

I understand that drug treatment courts can and will host other DTC teams and guests. I understand that I will be advised of DTC teams and guests present for any ADTC activities where I am present or my information is disclosed. DTC teams and guests will be required to sign confidentiality forms acknowledging federal re-disclosure laws.

I understand that this consent will terminate upon my successful completion or discharge from the ADTC program. Prior to completion or discharge I cannot revoke this consent without participating in a hearing before the ADTC judge. If revocation of this consent is granted, discharge from ADTC is immediate.

I understand that Part 2 of Title 42 of the Code of Federal Regulations binds any discovery or admission made, and that anyone receiving this information may re-disclose it only in connection with his or her official duties.

\_\_\_\_\_  
Participant Signature

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date