

July 5, 2006

Dear Substance Abuse Treatment Provider,

Effective August 1, 2006 the courts signatory to this letter will adopt new procedures and policies regarding compliance reports and evaluations from drug and alcohol treatment agencies. The information below will provide you with the mandatory minimum expectations for evaluations and a standard treatment compliance coversheet. We have also developed a release of information form to facilitate exchange of information you will need for evaluations. You are strongly encouraged to include the appropriate court's cause number on all correspondence as some courts will not accept any information your agency provides without it.

**COMPLIANCE REPORTS** Attached is a recommended compliance reporting form (Form A). Acceptable compliance reports must contain, at a minimum, the information indicated on the form and should be in a substantially similar format. As always, these reports need to be provided to the courts or their probation departments in a timely manner as required by state and applicable court orders (usually monthly).

**DRUG AND ALCOHOL EVALUATIONS** Effective August 1, 2006 a substance abuse evaluation must be based, at a minimum, upon a review of the defendant's Washington State case history record (DCH), the underlying police report that is the basis for the criminal charge/conviction in the court, and a Washington State abstract of the defendant's driving record (ADR). The evaluation must also show the results of a urinalysis test administered at the time of the defendant's initial appointment. An evaluation that does not contain this information will not be accepted.

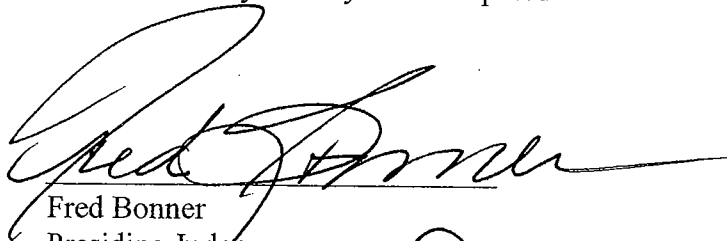
**RELEASE OF INFORMATION FORM** Attached are confidentiality and release of information forms. The forms are designed to allow the court to provide the DCH and police reports to substance abuse treatment providers preparing an evaluation. When working with the people who have cases in Seattle Municipal Court or Des Moines Municipal Court, please use release of information Form B and C. For all other people who have cases in King County District Courts and all other municipal courts in King County, please use Confidentiality and Release of information Form D. When properly executed and faxed or mailed to the court, the courts will fax or promptly provide the applicable police reports and DCH to the treatment facility. A defendant or his/her attorney will be responsible for obtaining and providing an ADR. Substance abuse

treatment providers should attach to the top of their evaluations a summary of the information used to prepare the evaluation to the top of their evaluations (Form D).

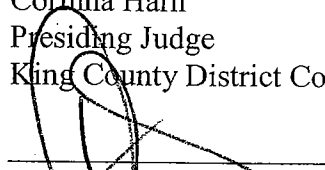
These procedural changes are the result of a long process of much discussion involving the judges of these courts as well as input from the substance abuse treatment community. We hope these standards will result in more accurate information for the courts and greater consistency for the substance abuse treatment community. We anticipate these changes will result in better programs for those in need of substance abuse treatment and safer communities for all of us. Thank you for your anticipated cooperation.



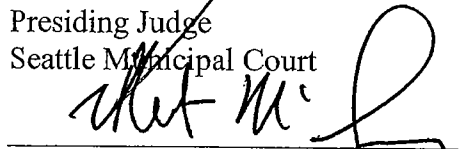
Corinna Harn  
Presiding Judge  
King County District Court



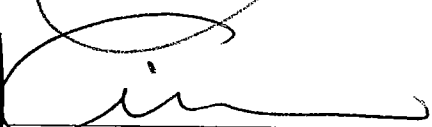
Fred Bonner  
Presiding Judge  
Seattle Municipal Court




Terry Jurado  
Presiding Judge  
Renton Municipal Court




Robert McSeveney  
Presiding Judge  
Kent Municipal Court




Kimberly Walden  
Presiding Judge  
Tukwila Municipal Court




Tony Platter  
Presiding Judge  
Black Diamond Municipal Court



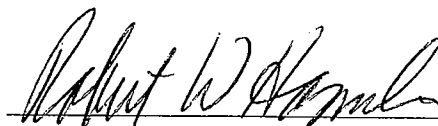
Michael Morgan  
Presiding Judge  
Federal Way Municipal Court



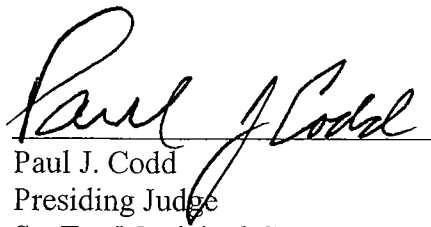
Colleen Hartl  
Presiding Judge  
Des Moines Municipal Court



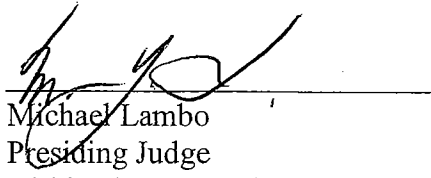
Linda S. Portnoy  
Presiding Judge  
Lake Forest Park Municipal Court



Robert Hamilton  
Presiding Judge  
Enumclaw Municipal Court



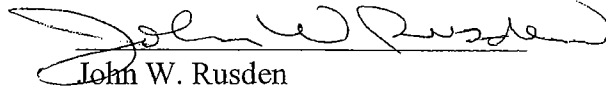
Paul J. Codd  
Presiding Judge  
SeaTac Municipal Court



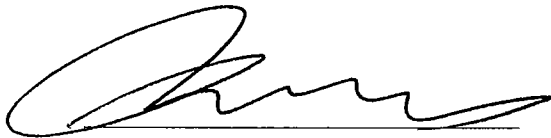
Michael Lambo  
Presiding Judge  
Kirkland Municipal Court



Stephan L. Rochon  
Presiding Judge  
Pacific, Maple Valley Municipal Courts



John W. Rusden  
Presiding Judge  
Bothell Municipal Court



Patrick Burns  
Presiding Judge  
Auburn and Algona Municipal Courts

**Monthly Treatment Agency Report Form**

Probation Department  
Municipal Court  
123 Main Street  
Sometown, WA 98000

Attn: \_\_\_\_\_  
Probation Officer/Compliance Clerk

From: XYZ Recovery Center  
123 Oak Street  
Ph: 555-1212 , Fax 555-2121

RE: \_\_\_\_\_  
Last, First, Middle  
\_\_\_\_\_  
Date of Birth  
\_\_\_\_\_  
Case No (s)  
\_\_\_\_\_

Reporting Period: From: (month/year) \_\_\_\_\_ To: (month/year) \_\_\_\_\_

Current Status:  In Compliance  Not in Compliance  Discharged \_\_\_\_\_  
Reason

Current Treatment Program/Phase \_\_\_\_\_

# Sessions Scheduled \_\_\_\_\_ # Sessions Attended \_\_\_\_\_ #Sessions Missed \_\_\_\_\_ # Excused \_\_\_\_\_

Dates Attended \_\_\_\_\_

Support Group Attendance  Reported  Verified  Unsatisfactory  
(explain in comments below)

UA/BA testing  Yes  No  
 Neg  Positive for \_\_\_\_\_

\_\_\_\_\_  
Date tested

If not in compliance, agency action taken: \_\_\_\_\_

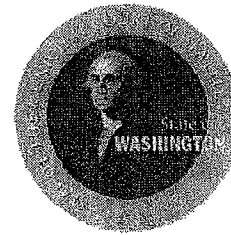
Treatment Recommendation/Comments: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Alcohol/Drug Counselor \_\_\_\_\_ Date: \_\_\_\_\_

Federal Disclosure Statement  
\_\_\_\_\_  
\_\_\_\_\_

THE MUNICIPAL COURT OF SEATTLE



The Municipal Court of Seattle  
Release of Information

A. Information and Records Released to and Obtained from the Following Entities:

I, \_\_\_\_\_ DOB \_\_\_\_\_ authorize the Seattle Municipal Court Probation Division to disclose to and obtain records and information from the following entities:

- \_\_\_\_\_
- \_\_\_\_\_

B. Types of Records and Information that may be exchanged:

This authorization applies to the following types of records and information, as indicated below:

- |  |   |
|--|---|
| <input type="checkbox"/> Mental Health Diagnosis and Treatment | <input type="checkbox"/> Medical Diagnosis and Treatment  |
| <input type="checkbox"/> Legal Issues/Records                  | <input type="checkbox"/> Jail/Custody Data  |
| <input type="checkbox"/> Alcohol and Drug Abuse Treatment      | <input type="checkbox"/> Criminal Justice Records and Information<br>(including non-conviction information) |
| <input type="checkbox"/> Other: _____                          |   |

C. Records and Information will be Exchanged for the Following Purposes:

The above records and information will be released to and obtained by the Seattle Municipal Court for the following purposes:

- Coordinating treatment service
- Providing referral information
- Monitoring for compliance with treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment

D. Laws that may apply:

I understand that the following statutes or regulations may apply to the records information described above:

- Medical Records (including mental health records) – RCW 70.02
- Criminal History Records – RCW 10.97
- Drug or Alcohol Treatment Records – RCW 70.96A.150 and/or Code of Federal Regulations Title 42, Chapter 1, Part 2

E. Release:

This authorization constitutes my written consent for SMC Probation and the entities described in Part A to disclose to one another any and all information and records described in Part B for the purposes described above:

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

### Release of Information – Des Moines/Normandy Park Municipal Court

**A. Information and Records Released to and Received from the Following:**

I, \_\_\_\_\_ DOB \_\_\_\_\_ authorize the Des Moines/Normandy Park Municipal Court to disclose to and to receive records and information from the following:

- \_\_\_\_\_
- \_\_\_\_\_

**B. Types of Records and Information that may be exchanged:**

This authorization applies to the following types of records and information:

- Mental Health Diagnosis and Treatment                       Medical Diagnosis and Treatment
- Records – Driving Records and Criminal History
- Alcohol and Drug Diagnosis and Treatment Information
- Other: \_\_\_\_\_

**C. Records and Information will be Exchanged for the Following Purposes:**

The above records and information will be released to the Des Moines/Normandy Park Municipal Court for the following purposes:

- Monitoring compliance with treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment
- Other: \_\_\_\_\_

**D. Laws that may apply:**

I understand that the following statutes or regulations may apply to the records information described above:

- Medical Records (including mental health records) – 70.02 RCW
- Criminal History Records – 10.97 RCW
- Drug or Alcohol Treatment Records – RCW 70.96A.150 and/or Code of Federal Regulations Title 42, Chapter 1, Part 2

**E. Release:**

This authorization constitutes my written consent for Des Moines/Normandy Park Municipal Court and the agencies described in Part A to disclose to one another information and records described in Part B for the purposes described above.

\_\_\_\_\_  
Signature of Client/Defendant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Date

**CONFIDENTIALITY AND RELEASE OF INFORMATION FORM**

Name \_\_\_\_\_

Address \_\_\_\_\_  
\_\_\_\_\_

Date of Birth \_\_\_\_\_

I, \_\_\_\_\_ hereby consent to  
communication between \_\_\_\_\_ and  
(substance abuse treatment provider)  
\_\_\_\_\_  
(court or probation department)

The purpose of this disclosure is to inform the criminal justice and/or substance abuse treatment agencies listed above of my attendance and progress in treatment, my compliance with court orders and conditions of probation, and/or information needed for preparation of a substance abuse evaluation. The extent of information to be disclosed includes my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, all medical records, including all clinical and hospital records in full, and/or my criminal history records, police or similar reports and/or charging documents assessable by the above listed court. This includes, but is not limited to diagnostic testing, laboratory tests, correspondence, and notes or written documents of any nature within the meaning of the Uniform Health Care Act.

I consent to the release of information regarding myself which may be protected by local, state or federal laws which could pertain to testing and/or treatment for HIV infection, AIDS, sexually transmitted diseases, mental health problems, alcohol or drug abuse.

I authorize the above listed court/probation department to release to the above listed substance abuse treatment agency my court records and files in the State of Washington, whether in paper or electronic format, including any municipal, district, or superior court and juvenile court records and files, and including a compilation of my records and files, such as my criminal history records and/or police or similar records which are available to the above listed court/probation department.

I understand that this consent will remain in effect and cannot be revoked by me until the court has released me from all conditions of probation and/or the completion of my case in the above court.

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that recipients of this information may redisclose it only in connection with their official duties.

Witness:

Date \_\_\_\_\_

\_\_\_\_\_  
(signature of witness)

\_\_\_\_\_  
(signature of defendant/patient)

\_\_\_\_\_  
(printed name of witness)

\_\_\_\_\_  
(signature of parent/guardian)



# Chemical Dependency Assessment Summary

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

Assessment Performed  In Person  By Phone  Other \_\_\_\_\_

Patient's Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Patient's Address: \_\_\_\_\_

Court: \_\_\_\_\_ Case #: \_\_\_\_\_

BAC Level Analysis  Refused  BAC Level \_\_\_\_\_  UA results at intake/assessment \_\_\_\_\_  
 Analysis of BAC \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

History of CD \_\_\_\_\_  
 Related Arrests \_\_\_\_\_  
 \_\_\_\_\_

Prior CD Eval.?  Yes Date: \_\_\_\_\_  None Reported  
 Have you reviewed the previous evaluation?  Yes Is it consistent with your evaluation?  
 (If not please comment:) \_\_\_\_\_  
 \_\_\_\_\_

Prior ADIS?  Yes Date: \_\_\_\_\_  None Reported  
 Prior Def. Pros.?  Yes Date: \_\_\_\_\_  None Reported  
 Prior CD Tx.?  Yes Date: \_\_\_\_\_  None Reported

Diagnostic Assessment: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Treatment Recommendation \_\_\_\_\_  
 ASAM Level & Estimated Duration \_\_\_\_\_  
 Recommendations for appropriate level of care and length of stay in accordance with ASAM PPC will be made periodically to the court and the patient based on ongoing assessment of the patient's progress in treatment and individual treatment needs.

Factors Considered in Recommendation \_\_\_\_\_  
 If defendant is recommended for treatment and the patient is amenable to treatment—set forth basis of amenability.  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

This assessment includes collateral information from:  Attorney  Court/Probation  Law Enforcement  Treatment Agency  
 Child Protective Services  Physician  Family/Who? \_\_\_\_\_  
 Police Report  Criminal History  D.O.L.  Other: \_\_\_\_\_

This assessment, and the treatment recommendations attached, are voided if the patient has failed to fully and honestly disclose information requested of him/her throughout the assessment process.

Assessing CD Counselor/Assessment Officer \_\_\_\_\_ Agency Name \_\_\_\_\_  
 Date Signed \_\_\_\_\_ Telephone Number (\_\_\_\_\_) \_\_\_\_\_