Superior Court

Recovery Court Program

Memorandum of Understanding

The undersigned hereby agrees to the following procedures relating to the use of confidential information which may be acquired during sessions of the Recovery Court Program.

First, discussions at Recovery Court Program team conferences and sessions are confidential, not only because of legal concerns, but also to promote trust and fairness within the program. Part of the federal legal requirements is that all members of the Recovery Court Program team are bound by the redisclosure provisions as set out in Title 42 CFR part 2.

Second, the Department of the Attorney General will not use information acquired during Recovery Court Program conferences or sessions to prosecute the participant for additional offenses relating to the participant's treatment. This does not include information of crimes involving child neglect, child abuse, crimes committed at treatment, crimes against treatment personnel, or crimes involving a substantial risk of death or serious bodily harm.

Third, the team approach to drug treatment requires the free flow of information to promote the mission of the Recovery Court Program. However, team members may be subject to legal and ethical restrictions on disclosures, which may prevent them from discussing certain aspects relating to the participant.

Fourth, all written and computer records relating to Recovery Court Program participants will be securely kept in a locked room or password protected computer file as required by federal law.

The Recovery Court Program team understands that this Memorandum is only a blueprint for the sharing, use, and storage of information acquired in the program and may be altered by the Recovery Court Program at any time without the participant's consent. The undersigned has read and understands this Memorandum and the acceptance of its terms is the result of free deliberation and not the product of force or coercion.

_____ Signature of the Participant	Date
_____ Signature of the Attorney for the Participant	Date Bar Number
_____ Signature of Attorney General	Date Bar Number
_____ Signature of Recovery Court Program Representative	Date