

**WAIVER OF CONFIDENTIALITY**  
**19<sup>TH</sup> Judicial District Drug Court Treatment Program**

I, \_\_\_\_\_, understand that my participation in the 19<sup>th</sup> Judicial District Drug Court Treatment Program, requires the exchange of information deemed confidential and protected by various state and federal laws and regulations, including, but not limited to 42 CFR Part 2. I hereby authorize and consent to communication between members of the Drug Court Treatment staff and my family, friends, employers, coworkers, both past and present, law enforcement, the District Attorney's Office, the Office of Probation and Parole, defense counsel, and the presiding Judge.

The disclosures contemplated herein are required to inform the agencies listed above of my attendance and progress. I consent to and authorize disclosure of my diagnosis, attendance at treatment sessions (both individual and group), cooperation with and participation in any and all aspects of the program, prognosis, employment.

**I understand that this authorization is irrevocable until there has been a formal and final disposition of the matter or matters, and/or proceedings, in connection with which I was allowed to participate in the Drug Court Program.**

\_\_\_\_\_  
Defendant

\_\_\_\_\_  
Date