

NOTICE TO TREATING PHYSICIAN

I AM AN ADDICT. I AM CURRENTLY ON PROBATION AND PARTICIPATING IN A DRUG COURT PROBATION PROGRAM THAT IS DESIGNED TO HELP ME OVERCOME MY ADDICTION. AS A PART OF THIS DRUG COURT PROBATION, THE DRUG COURT PROBATION OFFICER OR THE DRUG COURT JUDGE MUST APPROVE ANY MEDICATION PRESCRIBED BY A PHYSICIAN. ALSO, BEFORE BEING PRESCRIBED MEDICATION, I AM REQUIRED TO REQUEST NON-NARCOTIC MEDICATION BE PRESCRIBED IF ANY IS AVAILABLE FOR MY CONDITION OF ILL-BEING. PLEASE PUT THIS NOTICE IN MY MEDICAL FILE OR CHART.

IF YOU ARE GOING TO PRESCRIBE ME MEDICATION, I REQUEST YOU PRESCRIBE NON-NARCOTIC MEDICATION WHICH MAY BE AVAILABLE FOR MY CONDITION.

THE NAME, ADDRESS AND PHONE NUMBER OF MY DRUG COURT PROBATION OFFICER IS:

I CONSENT TO ALL PHYSICIANS DISCLOSING AND PROVIDING COPIES TO THE DRUG COURT PROBATION OFFICER OF ANY AND ALL OF MY MEDICAL RECORDS (WHICH SHALL BE ANYTHING AND EVERYTHING IN MY MEDICAL FILE OR CHART INCLUDING 3D PARTY RECORDS OR TEST RESULTS) AND TO DISCUSSING MY MEDICAL CONDITION AND MEDICAL RECORDS WITH THE DRUG COURT PROBATION OFFICER. I WILL SIGN OTHER RELEASES AND CONSENTS TO ACCOMPLISH THIS IF REQUIRED BY THE PHYSICIAN.

DATED: _____

DEFENDANT/PATIENT