

CONFIDENTIALITY STATEMENT FORM
CASS COUNTY DWI COURT

I, _____ as a participating member or guest of the Cass County DWI Court, recognizes my responsibility to the confidentiality of the DWI Court program, and hereby agree:

1. Any information discussed at a DWI Court team meeting shall remain confidential and will not be revealed to anyone.
2. Names of program participants will be disseminated to team members, including Law Enforcement, Probation and Parole, Midwest ADP, Court employees and the Prosecuting Attorney's Office.
3. DWI Court files and addresses of DWI Court participants will remain confidential, to be used by DWI Court team members, including Law Enforcement, Probation and Parole, Midwest ADP, Court employees and the Prosecuting Attorney's Office.
4. Warrants of arrest or information available on the Case.net system are not confidential.

Date: _____

Signature: _____

This form is necessary to comply with Title 42 Part 2 of the Code of Federal Regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records.