

# FRANKLIN COUNTY THERAPEUTIC COURT REFERRAL



Please Fax referral packet to: (509) 546-5804 or email to: [apearce@franklincountywa.gov](mailto:apearce@franklincountywa.gov)

**Individuals must have a substance use disorder and/or a mental health diagnosis to qualify for Therapeutic Court**

Defendant Name _____	<b>Check if DV</b>
DOB _____ Referral Date _____	Case 1 _____ <input type="checkbox"/>
Current Location (Inmate/Address) _____	Charge _____
Phone Number _____	Case 2 _____ <input type="checkbox"/>
Defense Attorney _____	Charge _____
	Case 3 _____ <input type="checkbox"/>
	Charge _____

List the agency and/or provider(s) where treatment services are received. If not currently receiving services, list prior service providers:

Mental Health Diagnoses and/or Substance Use Issues: \_\_\_\_\_

Reason for referral: \_\_\_\_\_

- Referred by:
- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Judicial Officer     | <input type="checkbox"/> Law Enforcement    | <input type="checkbox"/> Defense Attorney |
| <input type="checkbox"/> Prosecuting Attorney | <input type="checkbox"/> Treatment Provider | <input type="checkbox"/> Probation        |
| <input type="checkbox"/> Other _____          | <input type="checkbox"/> Jail               |   |

Referring Party – Please Print Name \_\_\_\_\_

Referring Party's Firm/Agency \_\_\_\_\_

Referring Party's Telephone Number \_\_\_\_\_

Referring Party's Email Address \_\_\_\_\_

**\*\*\*ENTIRE REFERRAL PACKET MUST BE COMPLETED\*\*\***

Questions? Please contact the Therapeutic Courts office at (509) 542-5929



# FRANKLIN COUNTY DISTRICT COURT THERAPEUTIC COURTS



AUTHORIZATION TO RELEASE AND EXCHANGE HEALTHCARE INFORMATION

Patient's Name: \_\_\_\_\_

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

Previous Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

**I request and authorize the following agencies to release and exchange healthcare information of the patient named above to the Franklin County Therapeutic Court teams:**

- |   |  |  |
|---|--|--|
| <input checked="" type="checkbox"/> Action Counseling                       | <input checked="" type="checkbox"/> E.D. Information Exchange          | <input checked="" type="checkbox"/> Oxford Houses of WA          |
| <input checked="" type="checkbox"/> American Behavioral Health Systems      | <input checked="" type="checkbox"/> Emmaus Counseling Center           | <input checked="" type="checkbox"/> Prosser Memorial Health      |
| <input checked="" type="checkbox"/> Astria Health                           | <input checked="" type="checkbox"/> First Step Community Counseling    | <input checked="" type="checkbox"/> Reliance Health System       |
| <input checked="" type="checkbox"/> Benton County Corrections               | <input checked="" type="checkbox"/> Grace Clinic                       | <input checked="" type="checkbox"/> Seasons Housing              |
| <input checked="" type="checkbox"/> Benton-Franklin Dept. of Human Services | <input checked="" type="checkbox"/> Greater Columbia Behavioral Health | <input checked="" type="checkbox"/> Somerset Counseling          |
| <input checked="" type="checkbox"/> Catholic Charities Family Services      | <input checked="" type="checkbox"/> Ideal Option                       | <input checked="" type="checkbox"/> SPARC                        |
| <input checked="" type="checkbox"/> Chaplaincy Health Care                  | <input checked="" type="checkbox"/> Imminent Health                    | <input checked="" type="checkbox"/> Sundown M Ranch              |
| <input checked="" type="checkbox"/> Center for Alcohol & Drug Treatment     | <input checked="" type="checkbox"/> Kadlec Health System               | <input checked="" type="checkbox"/> Three Rivers Therapy         |
| <input checked="" type="checkbox"/> Columbia Basin Veterans Center          | <input checked="" type="checkbox"/> Lourdes Counseling Center          | <input checked="" type="checkbox"/> Tri-Cities Behavioral Health |
| <input checked="" type="checkbox"/> Comprehensive Healthcare                | <input checked="" type="checkbox"/> Lynx Healthcare                    | <input checked="" type="checkbox"/> Tri Cities Community Health  |
| <input checked="" type="checkbox"/> Consistent Care Services                | <input checked="" type="checkbox"/> Merit Resource Services            | <input checked="" type="checkbox"/> Trios Health                 |
| <input checked="" type="checkbox"/> Dept. of Corrections (WA State)         | <input checked="" type="checkbox"/> Miramar Health Center              | <input checked="" type="checkbox"/> Triumph Treatment            |
| <input checked="" type="checkbox"/> Dept. of Social & Health Services       | <input checked="" type="checkbox"/> New Start Clinic                   | <input checked="" type="checkbox"/> United Family Center         |
| <input checked="" type="checkbox"/> Domestic Violence Services              | <input checked="" type="checkbox"/> Oregon Recovery & Treatment Center | <input checked="" type="checkbox"/> WA Dept. of Health PMP       |
| <input checked="" type="checkbox"/> Eastern State Hospital                  | <input checked="" type="checkbox"/> Pasco Municipal                    | <input checked="" type="checkbox"/> Other: _____                 |

**Franklin County District Court  
Franklin County Therapeutic Court  
Franklin County Public Defender/Prosecutor  
Franklin County Probation**

**1016 N. 4th Ave  
Pasco, WA 99301  
Phone: (509) 542-5929  
Fax: (509) 546-5804**

*This request and authorization applies to:*

- Medical Diagnosis and Treatment
- Alcohol and Drug Abuse Treatment
- All Mental health information: treatment plans, intake evaluations, medications, relevant progress reports.
- Re-disclosure of all records:

The above information will be used for the purpose of (a) coordinating treatment services; (b) providing referral information; and (c) monitoring for compliance with a treatment program, including informing the court of diagnosis, treatment issues, participation in treatment, attendance or non-attendance, progress, prognosis and completion of treatment. I understand the recipient of the above-requested information may re-disclose it, at which time it may no longer be protected under the privacy laws.

<b>THIS SECTION MUST BE COMPLETED BY PATIENT:</b>			
I understand that my records may be confidential, depending on the information contained in them, under one or more of the following statutes or regulations: Medical Records (including mental health records), RCW 70.02; Drug or Alcohol Treatment Records, RCW 70.96A.150 and/or Code of Federal Regulations, Title 42, Volume 1, Part 2 and/or Health Insurance Portability and Accountability Act of 1996, 45 C.F.R. Parts 160 and 164.			
<b>Definition:</b> Sexually Transmitted Disease (STD) as defined by law, RCW 70.24 et seq., includes herpes, herpes simplex, human papilloma virus, wart, genital wart, condyloma, Chlamydia, non-specific urethritis, syphilis, VDRL, chancroid, lymphogranuloma venereum, HIV (Human Immunodeficiency Virus), AIDS (Acquired Immunodeficiency Syndrome), and gonorrhea. I understand that the person(s) listed above will be notified that I must give specific written permission before disclosure of these test results to anyone.			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
I authorize the release of my STD results, HIV/AIDS testing, whether negative or positive to the person(s) listed above.			
<input checked="" type="checkbox"/>	Yes	<input type="checkbox"/>	No
I authorize the release of any records regarding drug, alcohol, hospitalization, counseling, evaluations, medical, progress reports or mental health treatment to the person(s) listed above.			

**I understand I do not have to sign this authorization. I understand that at any time I may revoke this authorization; however, the revocation must be in writing. Send to: 1016 N. 4th Ave Pasco, WA 99301**

**Patient Signature:** \_\_\_\_\_ **Date Signed:** \_\_\_\_\_

THIS AUTHORIZATION EXPIRES UPON THE END OF THERAPEUTIC COURT JURISDICTION (this includes probationary period).

Note: This authorization may be photocopied for duplication as necessary for the use in gathering additional information.



# FRANKLIN COUNTY

WASHINGTON

## Franklin County Therapeutic Courts

1016 N. 4<sup>th</sup> Ave Pasco, WA 99301, (509) 542-5929

Listed below are the basic requirements of Therapeutic Court. You must review the program handbook for a complete list of requirements.

- ❖ You must attend all court dates and case management appointments. They are scheduled as follows:
  - Phase 1 – Weekly
  - Phase 2 – Every 2 Weeks
  - Phase 3 – Every 3 weeks
  - Phase 4 – Monthly
  - Phase 5 – Every 5 weeks
  - Phase 6 – Every 6 weeks
  
- ❖ You may not consume alcohol
- ❖ You may not use marijuana, synthetic drugs, or other street drugs
- ❖ You must take all of your medications as prescribed
- ❖ You must submit to random pill counts to verify medication compliance
- ❖ You must call the UA line or utilize the online check in tool daily and submit to random drug testing at Merit Resource Services in Pasco during business hours, if you are directed to do so. All UAs are observed.
- ❖ You are required to complete a minimum of 20 hours of community service for misdemeanor charges and 120 hours of community service for felony charges
- ❖ You are required to set goals when you enter the program and you must make continuous progress towards achieving your goals
- ❖ You must maintain sober housing
- ❖ You must see your medication prescriber regularly
- ❖ You must participate in any services to which you are referred – chemical dependency treatment, mental health treatment, self-help meetings, anger management, medication management, etc.
- ❖ You must provide documentation of your attendance at all appointments/meetings

\_\_\_\_\_  
Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Reviewed with: \_\_\_\_\_, Defense attorney