

Court-Ordered Substance Abuse Treatment Consent

Participant Name

Date of Birth

Case Number

Consent for Treatment

I, the undersigned, acknowledge that I am being referred to a substance abuse treatment program as ordered by the court. I voluntarily consent to participate in the assessment, treatment, and related activities provided by the designated treatment provider.

Confidentiality

I understand that my treatment records will be kept confidential in accordance with state and federal laws, except as required by court order or applicable law.

Court Reporting

I understand and agree that information regarding my attendance, progress, and compliance may be shared with the court and other authorized parties as required.

Participant Acknowledgement

I have read and understand the above information. I have had the opportunity to ask questions regarding this consent, and I agree to comply with the requirements of the treatment program.

Participant Signature

Date

Witness/Provider Signature

Date
