
Blue Ridge Judicial Circuit Drug Accountability Court
90 North Street, Suite 230
Canton, GA 30114
(678)-493-6355
Facsimile (678) 493-6358

NOTICE TO MEDICAL PROFESSIONALS

This letter is to inform you that _____ is an active participant in the Blue Ridge Judicial Circuit Drug Accountability Court (DAC) program. Please be aware of the following information prior to administering any medical procedures or providing medications:

1. The aforementioned client is under a contractual obligation with the DAC to refrain from taking any medications that may compromise his or her sobriety.
2. Participants are required to inform all medical professionals, from who they may receive treatment that they are in recovery and a participant in DAC.

We request that the participant's sensitivity to drugs of abuse be considered when you prescribe medications or injections for their treatment.

PATIENT'S NAME _____ DATE OF BIRTH _____

Hospital/Clinic Name _____

Doctor Name _____

Date of Treatment _____

I have read the above notice to medical professionals. This letter was presented to me:

_____ Before treatment was given

_____ After treatment was given

Physician's signature

Date

CONSENT FOR COMMUNICATION WITH CASE MANAGER, BLUE RIDGE JUDICIAL CIRCUIT, DRUG ACCOUNTABILITY COURT:

I, _____, do hereby authorize the above medical provider to release or receive from the Blue Ridge Judicial Circuit Drug Accountability Court information regarding the following protected health information: medical treatment, behavioral health, drug alcohol abuse or HIV/AIDS. This consent will remain in effect for one year from the date signed below.

Participant Signature/Date

Participants: You must sign a release of information authorizing communication with Drug Accountability Court and the treatment provider prior to leaving the medical facility. Approval must be received from your case manager prior to filling any medical prescriptions.