



# STATE OF RHODE ISLAND JUDICIARY

## SUPERIOR COURT ADULT DRUG COURT PROGRAM

### MEMORANDUM OF UNDERSTANDING

The undersigned hereby agrees to the following procedures relating to the use of confidential information which may be acquired during sessions of the Adult Drug Court Program.

First, discussions at Adult Drug Court Program team conferences and sessions are confidential, not only because of legal concerns, but also to promote trust and fairness within the program. Part of the federal legal requirements is that all members of the Adult Drug Court Program team are bound by the redisclosure provisions as set out in Title 42 CFR part 2.

Second, the Department of the Attorney General will not use information acquired during Adult Drug Court Program conferences or sessions to prosecute the participant for additional offenses relating to the participant's treatment. This does not include information of crimes involving child neglect, child abuse, crimes committed at treatment, crimes against treatment personnel, or crimes involving a substantial risk of death or serious bodily harm.

Third, the team approach to drug treatment requires the free flow of information to promote the mission of the Adult Drug Court Program. However, it is understood that team members may be subject to legal and ethical restrictions on disclosures, which may prevent them from discussing certain aspects relating to the participant.

Fourth, all written and computer records relating to Adult Drug Court Program participants will be securely kept in a locked room or password protected computer file as required by federal law.

The Adult Drug Court Program team understands that this Memorandum is only a blueprint for the sharing, use, and storage of information acquired in the program and may be altered by the Adult Drug Court Program at any time without the participant's consent. The undersigned has read and understands this Memorandum and the acceptance of its terms is the result of free deliberation and not the product of force or coercion.

_____	Date
Signature of the Participant	

_____	Date
Signature of the Attorney for the Participant	Bar Number

_____	Date
Signature of Attorney General	Bar Number

_____	Date
Signature of Adult Drug Court Program Representative	