



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158

JOHN ELIAS BALDACCI  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

IN RE: **JOSEPH R. HAIDEN** ) **CONSENT AGREEMENT**  
 of Newburgh, Maine ) **FOR REINSTATEMENT**  
 License #R044988 ) **AND PROBATION**

**INTRODUCTION**

This document is a Consent Agreement regarding Joseph R. Haiden’s license to practice registered professional nursing in the State of Maine. The parties enter into this Agreement pursuant to 32 M.R.S.A. § 2105-A(1-A)(B), 10 M.R.S.A. § 8003(5)(A-1)(4) and 10 M.R.S.A. § 8003(5)(B). The parties to this Consent Agreement are Joseph R. Haiden ("Licensee"), Maine State Board of Nursing ("Board") and the Office of the Attorney General, State of Maine. The Board met with Mr. Haiden on October 7, 2004, regarding his petition for reinstatement of his registered professional nurse license.

**FACTS**

1. Joseph R. Haiden voluntarily surrendered his registered professional nursing license and entered a Consent Agreement with the Board on May 25, 2004, attached and marked as Exhibit A.
2. Joseph R. Haiden has been drug free since May 2003 and alcohol free since February 19, 2004.
3. Joseph R. Haiden’s substance abuse treatment has consisted of: completing the 12-step program; one-to-one therapy for one year; and, attending AA five times a week. He has also obtained an AA sponsor.
4. On August 8, 2004, Mr. Haiden entered a plea of Guilty to two Class C felony counts for Stealing Drugs in the Adult Drug Treatment Court, Penobscot County Superior Court, and Docket No. CR-04-117. If Mr. Haiden successfully completes the terms and conditions of the Adult Drug Treatment Court program, he will be able to withdraw the felony pleas, which could impose a sentence of two 18 month concurrent sentences, all suspended except six months and two years probation with a reduced sentence of pleading guilty to three Class D misdemeanors imposing nine months, all suspended except 15 days and one year of probation. Exhibit B
5. Joseph R. Haiden is currently in aftercare treatment for substance abuse, which consists of attending AA and adhering to the terms and conditions Adult Drug Treatment Court program. Exhibit B.



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OFFICES LOCATED AT: 24 STONE ST., AUGUSTA, ME.

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<http://www.maine.gov/boardofnursing/>

6. Joseph R. Haiden has complied with the terms and conditions of the May 25, 2004, Consent Agreement.

**REINSTATEMENT WITH CONDITIONS OF PROBATION**

7. Joseph R. Haiden's license to practice registered professional nursing in the State of Maine is reinstated on a probationary status with conditions. The period of probation will commence on Mr. Haiden's return to nursing practice, either through employment or pursuant to an educational program. The period of probation will be for a period of three years, to be effective only while he is employed in nursing practice or enrolled in a nursing education program. For purposes of this Agreement, nursing employment is any employment during which Mr. Haiden performs nursing services. Mr. Haiden's probationary license will be subject to the following conditions:
  - a. Mr. Haiden will remain substance free, with the exception of prescribed medications by his physician who is aware of Mr. Haiden's substance abuse history.
  - b. Mr. Haiden will continue in an aftercare treatment program to such an extent and for as long as his treatment provider(s) recommend.
  - c. Mr. Haiden will arrange for and ensure the submission of quarterly reports to the Board by his treatment provider(s) for as long as he remains in treatment or until his probationary period terminates, whichever occurs first. In addition, Mr. Haiden will arrange for and ensure the submission of monthly progress reports to the Board from the Adult Drug Treatment Court so long as he is involved with the program.
  - d. Mr. Haiden will immediately notify the Board in writing should he return to employment or enter an educational program in the field of nursing. Notice under this section shall include the place and position of employment or the educational program and any subsequent change in employment or educational program.
  - e. Mr. Haiden will notify any and all of his nursing employers and notify the faculty involved in any clinical studies of the terms of this Consent Agreement and shall provide them with a copy of it.
  - f. Mr. Haiden will arrange for and ensure the submission to the Board of quarterly reports from his nursing employer regarding his nursing practice.
  - g. Mr. Haiden's employment is restricted during the period of probation to structured settings, which shall not include assignments from temporary employment agencies, school nursing, working as a traveling nurse or working within the correctional system.

8. Joseph R. Haiden shall not be entitled to utilize his multistate nursing privileges under his Maine registered professional nurse license during the period of probation.
9. Joseph R. Haiden agrees and understands that the Board and the Department of Attorney General shall have access to any and all medical records and all otherwise confidential or medically privileged information pertaining to his treatment for substance abuse which the Board deems necessary to evaluate Mr. Haiden's compliance with the Consent Agreement and his continued recovery. Mr. Haiden shall provide such information, shall authorize the release of such records and information, and shall authorize any such discussions and communications with any and all persons involved in his care, counseling and employment as may be requested by the Board for the purpose of evaluating Mr. Haiden's compliance with the Consent Agreement and his continued recovery.
10. Joseph R. Haiden agrees and understands that if any member of the Board or the Board's Executive Director receives reasonably reliable information suggesting that Mr. Haiden has not remained substance free in accordance with the Consent Agreement, Mr. Haiden's license will be immediately and automatically suspended pending further review by the Board. In the event any member of the Board or its Executive Director receives such information, the information will be immediately forwarded to Mr. Haiden for a response. Mr. Haiden agrees and understands that in such event, his license shall remain suspended pending a hearing. The Board shall hold a hearing within sixty days of the automatic suspension unless both the Licensee and the Board agree to hold the hearing later, or the Executive Director and/or the Department of the Attorney General earlier determine that such information is without merit. If the information received is proven to be inaccurate or incorrect, either through hearing or determination by the Executive Director and/or the Department of the Attorney General, Mr. Haiden's license will be immediately reinstated retroactive to the date of suspension.
11. Mr. Haiden agrees and understands that his license will remain on probationary status and subject to the terms of this Agreement indefinitely beyond the three year probationary period, until and unless the Board, at Mr. Haiden's written request, votes to terminate Mr. Haiden's probation. When considering whether to terminate the probation, the Board will consider the extent to which Mr. Haiden has complied with the provisions of this Agreement.
12. Mr. Haiden understands that this document is a Consent Agreement that affects his rights to practice nursing in the State of Maine. Mr. Haiden understands that he does not have to execute this Consent Agreement and that he has the right to consult with an attorney before entering into the Consent Agreement.

13. If Mr. Haiden fails to meet any of the obligations of this Consent Agreement, the Board may take any disciplinary action, which it deems appropriate and impose any of the sanctions, including but not limited to that found in Title 10 M.R.S.A. § 8003 and Title 32 M.R.S.A. § 2105-A.
14. Mr. Haiden affirms that he executes this Consent Agreement of his own free will.
15. Modification of this Consent Agreement must be in writing and signed by all parties.
16. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
17. This Consent Agreement becomes effective upon the date of the last necessary signature below.

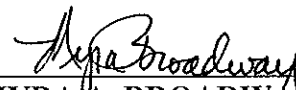
**I, JOSEPH R. HAIDEN, HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

DATED: 11-29-04

  
\_\_\_\_\_  
JOSEPH R. HAIDEN

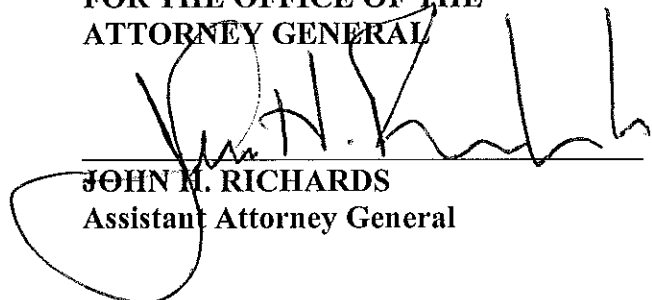
FOR THE MAINE STATE  
BOARD OF NURSING

DATED: 12/3/04

  
\_\_\_\_\_  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director

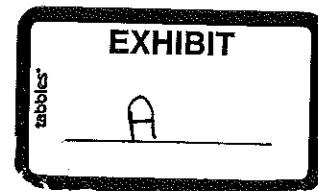
FOR THE OFFICE OF THE  
ATTORNEY GENERAL

DATED: 12/3/04

  
\_\_\_\_\_  
JOHN M. RICHARDS  
Assistant Attorney General



STATE OF MAINE  
 BOARD OF NURSING  
 158 STATE HOUSE STATION  
 AUGUSTA, MAINE  
 04333-0158



JOHN ELIAS BALDACCI  
 GOVERNOR

MYRA A. BROADWAY, J.D., M.S., R.N.  
 EXECUTIVE DIRECTOR

IN RE: JOSEPH R. HAIDEN )  
 of Newburgh, Maine )  
 License #R044988 )  
 ) CONSENT AGREEMENT FOR  
 ) VOLUNTARY SURRENDER  
 ) OF LICENSE

**INTRODUCTION**

This document is a Consent Agreement regarding Joseph R. Haiden's license to practice registered professional nursing in the State of Maine. The parties enter into this Agreement pursuant to 10 M.R.S.A. § 8003(5)(B) and 32 M.R.S.A. § 2105-A(1-A)(C). The parties to this Consent Agreement are Joseph R. Haiden ("Licensee"), Maine State Board of Nursing ("Board") and the Office of the Attorney General, State of Maine. The Board met on March 10, 2004 and reviewed information submitted by Eastern Maine Medical Center, Bangor, Maine by a letter and report respectively dated May 12, 2003 and May 19, 2003 and information submitted in a letter from the Licensee received by the Board on July 11, 2003. Exhibit 1.

**FACTS**

1. Joseph R. Haiden has been a registered professional nurse licensed to practice in Maine since 2000.
2. Joseph R. Haiden admits that he diverted controlled substances from Eastern Maine Medical Center for his own use. Exhibit 2.
3. Joseph R. Haiden is currently undergoing treatment and counseling for substance abuse.
4. Joseph R. Haiden has offered to voluntarily surrender his registered professional nurse license.

**AGREEMENT**

5. The Maine State Board of Nursing will accept Joseph R. Haiden's voluntary surrender of his license, license #R044988.
6. Joseph R. Haiden understands that this document imposes discipline regarding his license to practice registered professional nursing in the State of Maine and the above-described conduct constitutes grounds for discipline under 32 M.R.S.A. § 2105-A(2)(A), A(2)(B), A(2)(F) and A(2)(H) and Chapter 4.1.A.1, 4.1.A.2., 4.1.A.6., 4.3.K., 4.3.P. and 4.3.Q. of the Rules and Regulations of the Maine State Board of Nursing.



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Consent Agreement for Voluntary Surrender

Joseph R. Haiden

Page 2

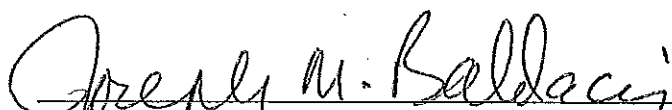
7. Joseph R. Haiden may petition the Board for reinstatement of his license. Mr. Haiden agrees and understands that his license will not be reinstated until and unless the Board, upon Mr. Haiden's written request, votes to reinstate Mr. Haiden's license. In the event that Mr. Haiden's registered professional nurse license is reinstated, it will be for a probationary period with conditions.
8. Joseph R. Haiden shall not work or volunteer, in any capacity, for a health care provider as defined by Title 24 M.R.S.A. § 2502 (2) or in any position holding himself out as a registered professional nurse or with the designation, R.N. while his nursing license is surrendered. In addition, Mr. Haiden is not to seek employment where the handling or dispensing of drugs is part of the job responsibility.
9. Joseph R. Haiden understands that he does not have to execute this Consent Agreement and that he has the right to consult with an attorney before entering into this Consent Agreement.
10. Joseph R. Haiden affirms that he executes this Consent Agreement of his own free will.
11. Modification of this Consent Agreement must be in writing and signed by all parties.
12. This Consent Agreement is not subject to review or appeal by the Licensee, but may be enforced by an action in the Superior Court.
13. This Consent Agreement becomes effective upon the date of the last necessary signature below.

**I, JOSEPH R. HAI DEN HAVE READ AND UNDERSTAND THE FOREGOING CONSENT AGREEMENT. I UNDERSTAND THAT BY SIGNING IT, I WAIVE CERTAIN RIGHTS. I SIGN IT VOLUNTARILY, WITHOUT ANY THREAT OR PROMISE. I UNDERSTAND THAT THIS CONSENT AGREEMENT CONTAINS THE ENTIRE AGREEMENT AND THERE IS NO OTHER AGREEMENT OF ANY KIND.**

DATED: 5-21-04


  
\_\_\_\_\_  
JOSEPH R. HAI DEN

DATED: 5-21-04

  
\_\_\_\_\_  
JOSEPH M. BADACCI, ESQ.  
Attorney for Joseph R. Haiden

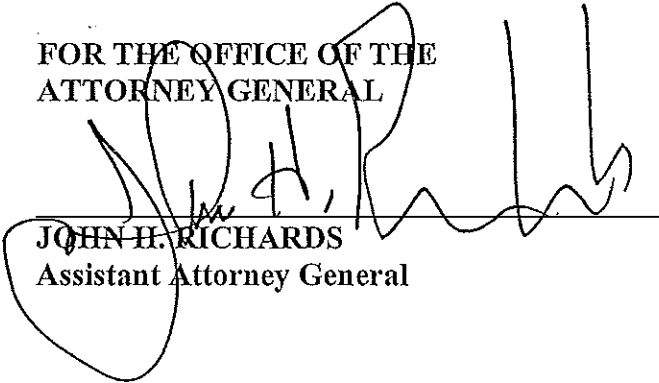
FOR THE MAINE STATE  
BOARD OF NURSING

DATED: May 24, 2004

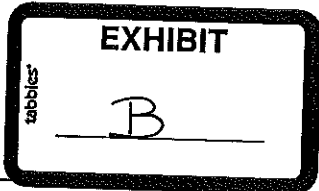
  
\_\_\_\_\_  
MYRA A. BROADWAY, J.D., M.S., R.N.  
Executive Director

FOR THE OFFICE OF THE  
ATTORNEY GENERAL

DATED: 5/25/04

  
\_\_\_\_\_  
JOHN H. RICHARDS  
Assistant Attorney General

RECEIVED  
MAY 25 2004  
OFFICE OF THE ATTORNEY GENERAL  
MAINE



STATE OF MAINE

DISTRICT COURT  
Location \_\_\_\_\_  
Docket No. \_\_\_\_\_

SUPERIOR COURT  
Kennelport, ss.  
Docket No. CR-04-117

STATE OF MAINE

v.

Joseph Thiers

**ENTRY/BAIL CONTRACT and  
ORDER ADMITTING DEFENDANT  
INTO THE ADULT DRUG  
TREATMENT COURT**

Pursuant to the policies and procedures of the Adult Drug Treatment Court and the post conviction bail statute, 15 M.R.S.A. § 1026 and § 1051, I, the above named defendant agrees to:

- ✓ 1. Appear in court and attend all regular drug court sessions as required by the court, and participate in all drug court programs, activities, or assignments as ordered by the court; and comply with all treatment recommendations made by my treatment provider as provided in a specific case plan.
- ✓ 2. Answer all questions presented by the Judge or drug court staff truthfully, including full disclosure if asked if I will be positive if tested for recent alcohol and/or drug use.
- ✓ 3. Attend all scheduled meetings/counseling sessions as directed by the drug court Judge, case manager and/or probation officer, including but not limited to meetings with the case manager, probation officer and substance abuse counselors.
- ✓ 4. Attend all substance abuse counseling sessions, both group and individual, and participate in a meaningful way in all such sessions.
- ✓ 5. Not use or possess any alcohol or scheduled drugs or any prescription medication unless approved by my treatment provider in writing; and not allow any alcohol, scheduled drugs, empty alcohol containers or drug paraphernalia of any kind to include any hypodermic apparatus to be in my possession, in my vehicle or at my residence.
- ✓ 6. Submit to testing for alcohol, scheduled and prescription drugs at all times as requested by the court, case manager, probation officer, law enforcement or treatment provider and not to tamper with any drug test or drug testing procedure.
- ✓ 7. Submit to a random search of my person, vehicle, and/or room or the common areas of my residence at any time as requested by the court, case manager, probation officer, law enforcement or treatment provider. If the residence is occupied solely by the defendant or the defendant and his/her family members and/or a "significant other", the entire residence shall be subject to search.
- ✓ 8. Obey all rules, conditions and directives of the adult drug treatment court. I understand that the drug court may impose additional conditions, rules or directives or may adjust or eliminate a condition(s) or term(s). I agree to obey all rules, conditions and directives as imposed by the drug court.
- ✓ 9. Commit no unlawful conduct, understanding that reliable information of such conduct may result in expulsion from Adult Drug Treatment Court and imposition of the unsuccessful plea agreement sentence.
- ✓ 10. Identify myself as being in the adult drug treatment court if arrested or questioned by law enforcement and identify the name of my case manager.



- ✓ 11. Not leave the state of Maine or Penobscot county without written approval of the case manager and inform the case manager and probation officer of any arrests or contact with law enforcement.
- ✓ 12. Reside at the following residence unless a change of address is approved by the Court: 278 Le Pennelec Rd, Newburgh, Me
- ✓ 13. Obey the following curfew: Sunday through Thursday 9<sup>30</sup> p.m. through 6<sup>00</sup> a.m., and Friday and Saturday 10<sup>00</sup> p.m. through 6<sup>00</sup> a.m., (unless going directly to and from employment).
- \_\_\_ 14. Have no contact direct or indirect with named victims, specifically including: \_\_\_\_\_  
 Except: \_\_\_\_\_
- ✓ 15. Follow all terms and conditions of other release and probation, if any.
- ✓ 16. Sign and not revoke all required release of information forms as long as I participate in the adult drug treatment court. I understand that if I revoke a required release of information form or authorization my participation in the adult drug treatment court will be terminated.
- ✓ 17. Have no contact with anyone who is drinking alcohol or who is in possession of or using scheduled drugs.
- \_\_\_ 18. Pay all fines or restitution in the amount of \$ \_\_\_\_\_ at a rate of \$ \_\_\_\_\_ per week as ordered.
- ✓ 19. Maintain gainful employment and/or continue participation in an approved educational program, or if not gainfully employed or participating in an approved educational program, shall seek such in good faith.
- ✓ 20. Pay the adult drug treatment court \$ 0 per alcohol or drug test and/or a treatment provider fee of \$ Sliding fee per week.
- ✓ 21. Pay all financial obligations including but not limited to any court ordered restitution, child support payments and fines including those which may result from other pending charges, subject to ability to pay.
- ✓ 22. Contact adult drug treatment court case manager in the following manner, unless good cause is shown for variance:
  - a. By telephone (207) 945-4807 once per day;
  - b. In person visit once per week, on color code day-BED between 9A and 12 noon.
- ✓ 23. If on probation, I understands that my probation will be tolled while I participates in the adult drug treatment court, and that I will be obligated to fulfill probation requirements after completing drug court, unless such are amended by the plea agreement or further order of the court. I am required to follow probation conditions, including but not limited to reporting to my probation officer, while participating in drug court.
- \_\_\_ 24. Other: \_\_\_\_\_

I agree to participate in the adult drug treatment court.

**IF ANY OF THE ABOVE CONDITIONS ARE VIOLATED, I MAY BE SUBJECT TO ARREST AND DETENTION, MAY BE REQUIRED TO MEET DIFFERENT OR ADDITIONAL CONDITIONS OF RELEASE, MAY BE GIVEN COURT IMPOSED SANCTIONS, OR MAY BE SUBJECT TO TERMINATION FROM THE ADULT DRUG TREATMENT COURT**

By signing here, I acknowledge that I understand the provisions of this entry contract and that I have received a copy of this contract, and I agree to the above conditions and the conditions of release order as entered by the court.

Date: 8-13-04

[Signature]  
Defendant

As counsel for the defendant, I have thoroughly explained to the defendant the adult drug treatment court client entry contract. I believe the defendant fully understands the meaning of this contract and has the capacity to evaluate and to knowingly and intelligently enter into this contract.

Date: 8-13-04

[Signature]  
Attorney

**ORDER**

Based upon the forgoing, the defendant is hereby ADMITTED into the adult drug treatment court, subject there to.

Date: 8/13/04

[Signature]  
Judge/Justice

STATE OF MAINE

SUPERIOR COURT

Kembiscot ss.  
Docket No. 07-04-117

DISTRICT COURT

Location \_\_\_\_\_  
Docket No. \_\_\_\_\_

STATE OF MAINE

v.

ADULT DRUG TREATMENT COURT  
PLEA AGREEMENT AND  
WAIVER OF RIGHTS

Joseph Thibiden

I, the above named defendant, after full consultation with my attorney, do execute this written plea agreement and waiver of rights in this matter, and state as follows:

1. I understand the elements of the offense(s) charged, crimes and/or probation violation, the maximum possible sentence and any mandatory minimum sentence.
2. I understand that by pleading guilty and/or admitting the offense(s) I am giving up the right to be considered innocent until proven guilty by the state beyond a reasonable doubt and/or by a preponderance of the evidence, as applicable.
3. I understand that by pleading guilty and/or admitting the offense(s) I am giving up my right to a speedy and public trial by the court or by a jury, as applicable.
4. I understand that I am giving up the right to confront and cross-examine witnesses, the right to present witnesses on my own behalf, and the right to either be or decline to be a witness on my own behalf.
5. I am entering this plea of my own free choice, and it is not the result of force, threats or promises, other than agreements made in connection with the plea negotiations the result of which are set forth below.
6. I am not under the influence of any drugs or alcohol that are affecting my ability to make an informed decision.
7. I understand the following Plea Agreement exists:
  - a. Successful completion of the Adult Drug Treatment Court: Withdraw Felony Pleas and Plead Guilty to 3 misdemeanors for 9 months, all suspended except 15 days; 1 year of Probation, Concurrent
  - b. Failure to successfully complete the Adult Drug Treatment Court: Concurrent sentences of 18 months; all suspended except 6 months, 2 years of Probation
8. I am waiving my right to challenge the continuation of sentencing until either completion of or dismissal from the adult drug treatment court, M.R. Crim. P. 32(a)(1).
9. I understand that I do not have the right to appeal any sentence I receive pursuant to an agreed upon recommendation to the court.
10. I understand that I can only withdraw my plea upon the discretion of the court, and that such discretion is exercised only in exceptional circumstances. M.R. Crim. P. 32(d).

11. I understand that I must comply with all of the conditions of the adult drug treatment court contract, and if I do not, I will be in violation of the conditions of my post-conviction bail incorporated therein, which may result in court-imposed sanctions including but not limited to incarceration, expulsion from the adult drug treatment court and/or being charged with the new criminal conduct of violation of conditions of release.
12. I understand that the judge and justice involved in the adult drug treatment court will talk about me to others while I am not present. I understand that the adult drug treatment court team will discuss me when I am not present. I understand that the judge and justice involved in the adult drug treatment court may talk to me when others are not present. I understand that this communication is different from what the judge or justice would do if I was not participating in the adult drug treatment court
13. I understand that the judge or justice involved in the adult drug treatment court may sanction me to a period of incarceration of up to 7 days if I intentionally or knowingly violate the conditions of release imposed by the court or the adult drug treatment court contract. I understand that I have the right to have an attorney represent me at any hearing to determine whether a sanction of incarceration over 7 days should be imposed.
14. I understand that if my participation in the adult drug treatment court is terminated, the court may proceed with the sentencing pursuant to the plea agreement outlined in paragraph 7(b) above. I understand that I have the right to have an attorney represent me at any sentencing proceeding.
15. I have read the adult drug treatment court handbook and I understand all provisions of the handbook.

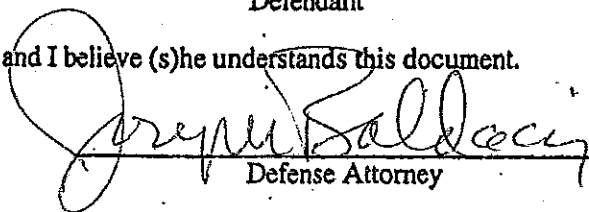
I have read all the terms of this plea agreement and waiver of rights. I understand all the provisions of this document.

Date: 8-13-04

  
\_\_\_\_\_  
Defendant

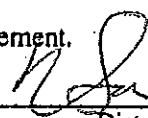
I have explained the provisions of this document to my client and I believe (s)he understands this document.

Date: 8-13-04

  
\_\_\_\_\_  
Defense Attorney

The plea agreement set forth in paragraph 7 above accurately states the agreement.

Date: 8/13/04

  
\_\_\_\_\_  
District Attorney

## Notice to patients pursuant to 42 C.F.R. Sec. 2.22

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by federal law and regulations. Generally, the program may not say to a person outside the program that a patient attends the program, or disclose any information identifying a patient as an alcohol or drug abuser Unless:

- (1) The patient consents in writing;
- (2) The disclosure is allowed by a court order; or
- (3) The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with federal regulations. Federal law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities.

Per 42 U.S.C. § 290dd-3 (c) *Prohibition against use of record in making criminal charges or investigation of patient* Except as authorized by a court order granted under subsection (b)(2)(C) of this section, no record referred to in subsection (a) of this section may be used to initiate or substantiate any criminal charges against a patient or to conduct any investigation a patient.

See 42 U.S.C. Sec. 290dd for federal law and 42 C.F.R Part 2 for federal regulations

Maine Adult Drug Treatment Court  
Consent for Disclosure of Confidential Substance Abuse Information

I, Joseph Hayden, Case # 1165 have read or had  
(name of client)

explained to me the Notice to Patients Pursuant to 42 C.F. R. Sec. 2.22 regarding the disclosure of my substance abuse treatment information and hereby consent to the release of the approved substance abuse treatment information between:

Wellspring and  
(name of treatment agency/provider)

The presiding drug court Judge/Justice, State Drug Court Director & Office of Substance Abuse Corrections Initiative Manager,

Burt Quinn, William Savage, VOA, Mike Roberts  
(name of case manager, prosecuting attorney(s), public defender(s), other council)

Brad Burt  
(name of drug court probation officer(s))

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Adult Drug Treatment Court program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Adult Drug Treatment Court for the above-referenced case, such as the discontinuation of all court and/or, where relevant, upon my successful completion of the Adult Drug Treatment Court OR upon sentencing for violating the terms of my Adult Drug Treatment Court involvement and/or, where relevant, probation violation.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

8-13-04  
Date

[Signature]  
Signature of Client

8-13-04  
Date

Signature of Interpreter (where applicable)  
Joseph Boldacez  
Witness

**Maine Adult Drug Treatment Court  
Consent for Disclosure of Confidential Substance Abuse  
DSAT Comprehensive Assessment Information**

Docket Number: \_\_\_\_\_ Other Agency Reference: 1105

I, Joseph Hauden, (name of client) have read or had explained to me the Notice to Patients Pursuant to 42 C.F. R. § 2.22 regarding the disclosure of my substance abuse treatment information and hereby consent to the release of the approved substance abuse treatment DSAT Screening information between:

Wellspring and  
(name of DSAT Comprehensive Assessment Facilitator)

Bush Quinn, Mike Roberts, Bell Savage, Brad Braten  
(name of case manager, probation officer and DSAT Screening Administrator) Kendra Holtz

Per 42 C.F.R. § 2.35, identified recipients above may in connection with their official duties re-disclose this information to members of the Adult Drug Treatment Court (ADTC) Team who may include the prosecuting attorney, defense attorney and ADTC Judge/Justice.

The purpose of, and need for, this disclosure is to inform the court and all other named parties of my eligibility and/or acceptability for substance abuse treatment services and my treatment attendance, prognosis, compliance and progress in accordance with the Adult Drug Treatment Court program.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination of my involvement with the Adult Drug Treatment Court for the above-referenced case, such as the discontinuation of all court and/or, where relevant, upon my successful completion of the Adult Drug Treatment Court OR upon sentencing for violating the terms of my Adult Drug Treatment Court involvement and/or, where relevant, probation violation.

I understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations, which governs the confidentiality of substance abuse patient records and that recipients of this information may re-disclose it only in connection with their official duties.

8-13-04  
Date

[Signature]  
Signature of Client

8.13.04  
Date

Signature of Interpreter (where applicable)  
Joseph Baldacci  
Witness