



**Mental Health and Addictions
Nova Scotia Wellness Court Program
CONSENT TO PARTICIPATE**

Pursuant to the Personal Health Information Act (PHIA), 2013.

Name: _____

JEIN Person ID number: _____

I have been accepted into the:

- _____ Mental Health Court Program
- _____ Opioid Court Program
- _____ Alcohol Court Program
- _____ Judicial Monitoring Court Program
- Other: _____

And,

I hereby consent to participate in the Program.

I understand that I cannot be forced to participate in the Program and that the choice to do so is entirely my own, and I have consulted with my legal counsel before deciding to participate.

The purpose of this consent is to provide the court, and all other named parties, with information on my eligibility and / or acceptance of services and health care, as well as information related to my attendance, prognosis, compliance and progress in these services. I understand that my personal health information will be shared for the purpose of developing my Support Plan and providing me access to coordinated services.

As part of my participation in the Program, I give consent that my personal health information be shared between the Program Team members (the judge, crown, defense lawyer, health care clinicians, program administration staff, probation officer, etc.) and the below named supports. It is understood that this consent may include clinical consultants to the Team as well as others who may be working with the Team and / or may be observing the Team for educational or informational purposes.

Name of Supports:

_____	_____
_____	_____
_____	_____
_____	_____





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Disclosure of this information may be made only as necessary for my participation in the _____ Program.

I understand that my personal health information may be used beyond my involvement with the program to support program activities such as education, ongoing quality improvement and research without compromising my privacy (see attached).

I understand that there will be specific responsibilities and tasks that I will be expected to do as a participant in the Program. Specifically,

I AGREE TO:

1. Keep all appointments for Court, Treatment, Case Management, Substance Testing, as well as all meetings with Team Members, and Community Support Groups, as directed.
2. Keep all other appointments as ordered by the Court.
3. Comply with my Support Plan.
4. Comply with recommended treatment as directed by my Health Care Providers.
5. Comply with all substance testing as directed and within the specific time frames.
6. Allow, and cooperate with, home visits from Program Team Members and / or other designated persons.

I understand that failure to follow my Support Plan and / or being charged with additional criminal offences may result in consequences that could include, but not limited to, having to appear more often before the Court, complete service work, the addition of new court-ordered conditions on my freedom (curfew / house arrest), bail revocation (custody), and removal from the Program and return to regular court.

I understand I can choose to end my participation with the Program at any time.

I understand that application and participation in the Program may delay the ultimate conclusion of my legal matters currently before the court.

Signature of Client or Legal Guardian

Witness

Dated at _____, Nova Scotia the ____ day of _____, 20_____.

