

## Nova Scotia Health Authority Participation Agreement

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

Name: \_\_\_\_\_

JEIN Person ID Number: \_\_\_\_\_

I have been accepted into the:

- Nova Scotia Mental Health Court Program (the "Program")
- Court Monitored Drug Treatment Program (the "Program")

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 that I have consulted with my legal counsel before deciding to participate in the Program.

As part of my participation in the Program, I give consent that my personal health information be shared between the Program Team members, the Court, and the below named supports. It is understood that this consent may include 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 information purposes.

Name of Supports:

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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.

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 evaluation research on the Program 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 meeting 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 specified 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 an additional criminal offence may result in consequences that could include, but are not limited to, having to appear more often before the Court, complete community service work, the addition of new Court-ordered conditions on my freedom (curfew/house arrest), bail revocation (custody), and removal from the Program and may return to regular Court.

I understand that 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 Dartmouth, Nova Scotia, this \_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

