



Superior Court Of California,
County of El Dorado
495 Main Street Placerville, CA
95667 www.eldoradocourt.org

Shingle Springs Band Of Miwok Indians
P.O. Box 531, Shingle Springs, CA 95682
www.shinglespringsrancheria.com



Family Wellness Court Information and Consent

The Family Wellness Court (“Court”) was created to provide you and your family with a court-supervised alternative to proceedings in the California Superior Court (“local state court”). This alternative Court was created to help children and transitional youth, ages zero to 24 years old, as well as their families, who are either currently engaged in local state court proceedings or who are at risk of local state court intervention. This alternative Court will create a culturally appropriate wellness plan specifically designed for you and your family in collaboration with the Shingle Springs Band of Miwok Indians (“Tribe”) and its many services and programs.

Court Model: The Family Wellness Court will be presided over by two judges--one from the Tribe and one from the local state court, who will act together with input from a team of Tribal and County service providers and departments. Court will be held the second and fourth weeks of each month. The County and tribal service providers will meet with the judges before your hearing to review your case and progress with your wellness plan.

Family Wellness Court Participation: The Family Wellness Court will take you through four stages towards wellness, with each stage having various requirements and incentives for participation. The goal of the Court is to help you achieve:

- Stronger family relationships and spiritual awareness grounded in Native values
- A better life for you and your family, free from anger, guilt, fear, shame or hate
- A healthier sense of self-worth through courage, integrity, and hope

Rewards: Depending on your progress in the Family Wellness Court and the circumstances of your case, you may earn:

- Reduced court sanctions, fines, and fees;
- Dismissal of charges;
- Reinstatement in school or assistance in completion of a GED certificate; and
- Family recreational activities and trips.

Consent to Participate in Family Wellness Court and Share Information

I, (name) _____, understand the Family Wellness Court model and consent to participate in the Family Wellness Court.

My Existing Court Case Will Be Transferred: I understand that if I have a pending case in local state court, my case will be transferred to the Family Wellness Court. I understand that while I am in Family Wellness Court, I may also be on probation.

I am Submitting to the Jurisdiction of the Family Wellness Court: I am consenting to the jurisdiction of the Family Wellness Court, and its authority to:

- make decisions in my case;
- make orders requiring me to appear in court for hearings on my case;
- make orders requiring me to participate in the programs or services recommended by a team of Tribal and County providers.

I Have Received the Family Wellness Court Participant Manual: I have been given the Family Wellness Court Participant Manual. I understand its contents, and I agree to the program requirements.

The Program is Unique to Me: I understand that the Family Wellness Court is an individualized program. I understand that team decisions are made based on my personal circumstances in order to provide the best program available to suit me and my family's needs and as a result, not everyone in the Family Wellness Court will have exactly the same requirements.

The Length of the Program: I understand that this Family Wellness Court Program will last a minimum of 12 months, but could last longer. I understand that I will be required to appear in the Family Wellness Court on a regular basis and that the number of times I am required to appear depends upon which phase of the Family Wellness Court I am in.

My Failure to Appear: I understand that my failure to appear in Family Wellness Court, even when Court is on the Shingle Springs Rancheria, will result in a warrant being issued for my arrest and detention in the County jail until I can come to Court.

I Agree to Share My Information: I understand that in order to provide me with a personalized wellness plan and Family Wellness Court experience, information must be shared between the Family Wellness Court Team and all providers identified below.

I, (name) _____, authorize the following agencies to obtain and share the specific types of information described below for the purpose of creating and managing my personalized wellness plan:

- 1) Court Judicial Officers and Coordinators (Family Wellness Court)
- 2) Shingle Springs Tribal Health Services
- 3) Shingle Springs Tribal Services Department
- 4) Shingle Springs Tribal Administration
- 5) School Personnel (El Dorado County Office of Education and Student Attendance Review Board)
- 6) El Dorado County Health and Human Services Agency (Mental Health, Public Health, Social Services, and Community Services),
- 7) County Law Enforcement (El Dorado County Sheriff's Office)
- 8) Local Police Department (Placerville Police Department)
- 9) El Dorado County Probation Department
- 10) Substance Abuse Treatment Program and Counselor:
 - a. Program Name: _____
 - b. Program Phone: _____
- 11) Court-Appointed Counsel:
 - a. Parent's Attorney(s): _____
 - b. Child's Attorney(s): _____
- 12) County Public Defender
- 13) Court-Appointed Special Advocate
- 14) County Counsel
- 15) District Attorney

The above agencies may obtain and share records containing the following specific types of information:

- 1) My participation and attendance in court-ordered services
- 2) My progress in my Family Wellness Plan
- 3) My general emotional, physical, spiritual health and well being
- 4) My drug and alcohol records, including assessments, recommendations, treatment and testing
- 5) My mental health records, including psychiatric records, psychiatric hospitalization records if any, and progress reports from therapists or counselors
- 6) My housing and employment status
- 7) My criminal history
- 8) Other _____

In making this consent to obtain and share specific types of information about me, I understand and agree to the following:

1. I have been given the El Dorado County Notice of Privacy Practices.
2. I am giving my consent voluntarily.
3. I can revoke my consent at any time.
4. I understand that I cannot participate in the Family Wellness Court unless I give my consent.
5. I understand that information about my case could be used for the purposes of program evaluation and analysis. Any information used for this purpose will be anonymous.

I understand that I have the right to receive a copy of this signed authorization.

This consent expires eighteen months after the date it is signed, or upon completion or discharge from the Family Wellness Court.

Participant Signature

Printed Name

Date

Parent/Legal Guardian/
Conservator Signature
(if participant is unable to sign)

Printed Name

Date

Attorney's Signature

Printed Name

Date

Resources

In General

The required elements of a valid authorization are set forth in the Code of Federal Regulations [Title 45 section 164.508](#) & California Civil Code sections 56.11, 56.12, 56.13, 56.14, 56.21.

Federal Laws Relating to Privacy and Confidentiality

[42 CFR Part 2](#) (Privacy of Substance Abuse Patient Records: Part 2 of Title 42 of the Code of Federal Regulations are federal regulations prohibiting most disclosures of patient information that could identify a patient as a drug and/or alcohol abuser by a federally assisted substance abuse program. [Form of valid written consent](#) (42 C.F.R. 231)

To be valid, the authorization must be:

1. The name/general designation of the program/person permitted to make the disclosure.
2. The name/title of the individual or the organization to which disclosure is to be made.
3. The name of the patient.
4. The purpose of the disclosure.
5. How much and what kind of information is to be disclosed.
6. The signature of the patient and/or the patient's authorized representative, as required.
7. The date on which the consent is signed.
8. A statement that the consent may be revoked at any time except where the entity originally permitted to make the disclosure has already acted in reliance on the consent.

[Health Insurance Portability and Accountability Act of 1996 \(HIPAA\)](#)

The Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule regulates the use and disclosure of "protected health information" (PHI) by health providers, health insurers, and other designated "covered entities." The Privacy Rule broadly defines PHI as including information about an individual's health status and receipt of care, but expressly excludes information maintained in records subject to the Family Educational Rights and Privacy Act (FERPA) regulation.

[The Family Educational Rights and Privacy Act](#) (FERPA) protects the privacy of information maintained in student education records. It applies to all education agencies and institutions that receive federal funds including public elementary and secondary schools and both public and private colleges, universities, and professional schools. Private and religious elementary and secondary schools are largely exempt from FERPA.

State Laws Relating to Privacy and Confidentiality

[Civil Code §56.11-16](#) (Privacy of Medical Information) A person or entity that wants medical information and is not authorized to receive it, must obtain a valid authorization for release of information. To be valid, the authorization must be:

1. Handwritten or typed by the same person who signs it for the purpose of executing the authorization
2. Signed and dated by the patient, the legal representative, spouse, beneficiary or personal representative of the patient (if deceased)
3. States the specific uses and limitations of the types of medical information to be disclosed
4. States the name of the provider of health care, health care service plan, pharmaceutical company, or contractor that may disclose the medical information
5. States the name or functions of the persons or entities authorized to receive the medical information
6. States the specific uses and limitations on the use of the medical information by the persons or entities authorized to receive the medical information
7. States a specific date that the authorization expires when the provider, health care service plan, pharmaceutical company, or contractor is not authorized to disclose the medical information
8. Advises person signing that they have a right to receive a copy of the authorization.

CA State Agency

[California Office of Health Information Integrity](#) (CalOHII), in partnership with stakeholders, has worked to develop *Patient Authorization Guidance Tools*. Recognizing the complexity of federal and state laws, this tool is envisioned to provide simplified decision support for providers.

The Authorization Tools provide guidance on when patient authorization is needed for the disclosure of health information in California, according to federal and state law. The tool is designed to help healthcare providers determine when they need to obtain a patient's authorization to send that patient's information to another provider. The intent is to guide providers who are exchanging health information electronically, though the rules described also apply to information in paper form. This tool applies only to healthcare providers as defined by both HIPAA and the Confidentiality of Medical Information Act (CMIA).

[For Substance Abuse Treatment Records](#)

[For Mental Health Treatment Records](#)

[For treatment of records involving the Lanterman, Petris, Short Act](#)

Handbook

[Understanding Confidentiality and Minor Consent in California \(2010\) Covers all federal and state laws on confidentiality.](#)

Consent Form

[Requirements for Valid Consent Form](#)

California's Confidentiality of Medical Information Act (Cal. Civil Code § 56 et seq.)

<http://www.healthinfo.org/state-topics/5,63>