52-4 District Court Drug Therapy Court

Counseling Report

Requested by the 5th day of each month

Facility: _____ Client's name: _____

Therapist:_____ Probation officer:_____

CLIENT CURRENTLY ENROLLED IN:

- ☐Intensive Outpatient Frequency: _____
- ☐In-patient/Residential Frequency: _____
- ☐Group Frequency: _____
- ☐Individual Counseling Frequency: _____

PROGRAM ATTENDANCE

Number of sessions assigned:_____ Number of sessions attended:_____

Number of sessions excused: _____ Number of sessions unexcused: _____

Reason missed: _____

Treatment progress (please circle one): 1 *poor* 2 3 *fair* 4 5 *good*

Please give specific information to support your professional assessment of treatment:

_____

_____

_____

_____ _____

Therapist Signature Date

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see § 2.31). The federal rules restrict any use of the information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§ 2.12(c)(5) and 2.65.