



22nd Judicial District Court
 Drug Court Co-occurring Track
 701 N. Columbia St.
 Covington, LA 70433
 Phone: (985) 288-5771



_____ I agree and understand fully that upon entering the Drug Court Co-occurring Track I will receive mental health services and psychiatric medications solely from the contracted treatment provider unless otherwise authorized by Drug Court staff. I understand if I violate this requirement the judge may impose sanctions on me.

_____ I understand I am responsible for informing both providers and my Case Manager of all prescription medications I am taking and understand I am required to provide medical documentation for the medications. I understand I must first get permission from my case manager prior to filling any new prescription. I further understand I am to notify my case manager of any changes to my medication protocol.

_____ I understand I am required to get approval from my Case Manager before taking any over-the-counter medications, vitamins, herbal supplements, nutritional aids or similar products.

_____ Further, I understand I must also inform my physicians that I may not take narcotic or addictive medication. If I am, by chance, prescribed a narcotic by a physician for a medical necessity, I must tell the doctor that I am in the Drug Court Co-occurring Track and sign a consent form for the doctor to communicate with the treatment staff. I must also notify my case manager immediately.

Print Name

Signature

Date

Witness

Date