2019

MORGAN COUNTY RESIDENTIAL RECOVERY COURT APPLICATION

504 FLAT FORK ROAD
WARTBURG, TN 37887

REACH US BY PHONE: (423)-346-5431

MORGAN COUNTY RESIDENTIAL RECOVERY COURT

A Note from the Staff:

This revised application is effective as of August 1, 2019. From this point forward, please use these forms for defendants who wish to enter the MCRRC program.

Please note that the application form includes a section for the referring recovery court.

One of the requirements for admittance to our program is that if a participant successfully completes the program, he must transition to a recovery court program; as long as he does not violate, he cannot go back to jail. If your county will require any defendant who successfully completes our program to transition back to jail, absent a violation, then we will not be able to accept that defendant into our program.

Also, please note that the application represents that, to the best of your knowledge, the defendant has no outstanding, unresolved charges in your jurisdiction or any other jurisdiction. This would include Violation Of Probation charges in cases other than the case(s) for which he is being referred to MCRRC.

We are also requesting that in the future, your court not impose additional conditions or requirements on participants whom you refer to us. We must treat all our residents consistently, and it is therefore important that residents from one jurisdiction not be subject to restrictions that do not apply to residents from other jurisdictions.

Please keep in mind that our policies could change. However, we believe that our policies are, and will be, consistent with your courts expectations.

MCRRC is a Tobacco Free/Vape Free campus. Please let us know if you have any questions.

A FEW THINGS TO NOTE:

Program for non-violent felony offenders addicted to drugs or alcohol.

Intense treatment program driven by an individualized treatment plan.

Supervising Judge over program who holds court bi-weekly.

Minimum 1-year Program: movement through the program is based upon progress in treatment.

Big Brother**:** Another resident will be assigned to help guide you during the first few weeks and answer any questions you have.

Tobacco free facility

MORGAN COUNTY RESIDENTIAL RECOVERY COURT

Instructions

READ CAREFULLY: Thank you for your interest in applying to be a participant in the Morgan County Residential Recovery Court (MCRRC) program. Each applicant to MCRRC must completely and accurately fill out (I) this Application Form, (II) a HIPAA release, and (III) a medical history form.
Applicants must thoroughly read this Application Form and agree to be bound by all its terms. The applicant's referring Recovery Court must furnish the additional documentation described in Part III.2. (Page 3) below. The Applicant must **fill in his name on pages 5 and 6 and must sign pages 7 and 9. The referring recovery court must also sign page 9.**

I. Applicant's Basic Information

Applicant Information

Full Legal Name:_____
Last *First* *Middle*

Date of Birth *(MMDDYYYY)*:_____ Current Age:_____ Driver's License or ID number:_____

Social Security Number:_____ OCA Number:_____

Are you a military veteran? YES ☐ NO ☐

Type of Discharge:_____

Attach a copy of your *DDForm 214, Certificate of Release or Discharge from Active Duty*

Referring Court Information

Referring Recovery Court: _____

Referring Court Contact: _____

Referring Court Phone: _____

Referring Court Address: _____
Street *City* *Zip*

Attorney Name:_____ Attorney Phone:_____

Criminal Charges Resulting in Current Sentence: _____

Length of Sentence: _____ Percentage:

County(ies) and docket number(s) of criminal judgements _____

Date of Last Arrest:_____ Estimated Number of Prior Arrests:___ Number of Prior Felonies:_____

Other than the charges and sentence(s) identified above, are there any pending unresolved criminal charges or warrants against you, or are you subject to any outstanding sentences (including probation or community corrections), in any jurisdiction? YES ☐ NO ☐

If yes, on a separate sheet of paper state the nature and jurisdiction (state or federal) of your pending unresolved charges or warrants or outstanding sentences.

II. Description of MCRRC Program

The Morgan County Residential Recovery Court (MCRRC) is a court-supervised long-term male only residential drug and alcohol addiction treatment facility for non-violent felony offenders. The primary purpose of MCRRC is to render intensive treatment to individuals suffering from addiction. MCRRC also exists to reduce recidivism and relieve prison overcrowding.

MCRRC is part of the recovery court system overseen by the Tennessee Department of Mental Health and Substance Abuse Services. MCRRC is operated by the Nashville Drug Court Support Foundation, a Section 501(c)(3) tax exempt organization. Judge Donald R. Elledge and Judge Gary McKenzie are the Presiding Judges.

Individuals admitted to MCRRC must be referred by local recovery courts and approved by the MCRRC presiding Judge. The MCRRC program is available only to non-violent, addicted, felony offenders whose sentences would require them to be housed in the Tennessee Department of Correction if MCRRC were not an alternative. Applicants must affirmatively express an interest and request to participate in the program. The Presiding Judge assumes jurisdiction over each resident.

Participants are in residence at MCRRC for a **minimum of approximately a year**. A resident's length of stay beyond the minimum period is entirely dependent upon the evaluation of the treatment team and Presiding Judge based on the resident's progress in his recovery. It is not unusual for participants to remain in the program for longer than twelve months. The Presiding Judge will make final decisions regarding graduation from the program.

When a resident successfully graduates from the MCRRC program, he is transferred back to his referring recovery court for extended out-patient and after-care treatment according to the terms and conditions of the referring recovery court. The MCRRC staff will participate with the referring recovery court in formulating a transition plan for each graduating resident.

III. Application for Admission to MCRRC

1. **Eligibility**. To be eligible for admission to MCRRC, the applicant must satisfy the following criteria:

    - The applicant must be eligible for probation under T.C.A. Section 40-35-303 or community corrections under T.C.A. Section 40-36-106;

    - The applicant must be eligible for participation in a drug court or recovery court program under T.C.A. Section 16·22·101 et. seq. This means, among other things, that the applicant cannot be a "violent offender";

    - The applicant must be a felony offender subject to one or more criminal judgments with sentences of three years or more;

    - The applicant cannot have any pending, unresolved criminal charges in any jurisdictions, including jurisdictions outside of Tennessee;

    - The applicant must be assessed for addiction, and it must be determined that he isan addict;

    - The applicant must not suffer from any significant medical or psychiatric problems that MCRRC, according to MCRRC's determination, is not equipped to handle;

    - The applicant must express a desire to participate in the MCRRC program and agreeto follow all MCRRC's rules and policies;

- The applicant must be recommended to MCRRC by his referring recovery court; and
- The applicant must be approved for participation in the MCRRC program by theMCRRC Court Director and the Presiding Judge.

The admission of an applicant to MCRRC is entirely discretionary with the MCRRC Court Director, and the Presiding Judge.

2. **Application Materials. The application materials for admission to MCRRC includethe following:**

- This **Application Form** filled out and signed by the applicant and a representative ofthe referring recovery court. **Ensure all signatures are completed or the application will not be accepted.**
- **HIPAA Release** signed by the applicant (included as last page of this document).
- **Medical History Form** filled out and signed by the applicant. Current medications, date and dosage of medications last taken by the applicant, must be included.
- Copies of applicant's **Criminal History** must be provided.
- Copies of the applicant's **underlying criminal judgments** (to be furnished by thereferring recovery court).
- Completed **TN-RAS** (to be furnished by the referring recovery court).
- Completed **Addiction Severity Index** (to be furnished by the referring recovery court).
- If the applicant is a military veteran, the applicant's **DD Form 214. Certificate of Release or Discharge from Active Duty.**
- Completed **Transfer Order** (to be furnished by the referring recovery court).

3. **Application Process.**

- Application materials should be submitted to the MCRRC program Court Director: jennie.mcrrc@gmail.com
- Applicants will be screened based on legal eligibility, criminal background, severity of addiction, and medical or other conditions.
- The duration of the application process will depend on various factors including the number of applicants, available beds, background check, completion of the required documentation, and having all necessary signatures completed.
- When an applicant has been accepted, the referring recovery court must enter an appropriate Order transferring jurisdiction to the MCRRC Presiding Judge, and a copy of that Order must be sent to MCRRC.
- Upon receiving notice of approval of application, the referring court must consent and refer the TN-WITS profile, ASI, and TN-RAS to the MCRRC agency. This must be done for completion of the admission process.

IV. Participation in the MCRRC Program

Participation in the MCRRC program is a privilege, not a right. MCRRC is operated as a therapeutic community, and it is important that all residents make progress in their recovery and participate in the community in a positive way.

MCRRC may, in its discretion, discharge any resident from the program for any of a variety of reasons, including but not limited to the following:

1. the resident suffers from a medical, psychiatric or psychological condition thatMCRRC is not equipped to handle;

2. the resident is unwilling or unable to fully participate in the MCRRC program- including clinical activities and community service;

3. in the clinical judgment of the treatment team, the resident is not making satisfactory progress in his treatment or recovery program, or the resident is not amenable to treatment at MCRRC;

4. in the clinical judgment of the treatment team, the resident is a negative influencein the MCRRC community which potentially undermines the treatment or recovery of other residents; or

5. the resident commits a Level One Rule violation, or he continues to commit other Rule violations without improving his behavior.

If for any reason a resident is terminated from the MCRRC program, his case will be transferred back to his referring recovery court for further disposition.

V. Applicant's Agreement

I,_____[print your name], agree to the following:

1. **Understanding of this Application Form**. I have read, and I understand, all the provisions of this Application Form. I have had the opportunity to review this Application Form with my attorney and ask questions in open Court.

2. **Agreement to be bound by MCRRC Rules and Policies**. I understand and agree that if I am admitted to MCRRC, I will obey all MCRRC's rules and policies. **I understand that my failure to follow said rules and policies can bring about sanctions, including incarceration, and/or my immediate expulsion from the program.**

3. **Agreement to liveat MCRRC**. If I am admitted to MCRRC, I agree to live at the MCRRC facility for a **minimum period of 12 months**, and for such additional time as determined by the treatment staff and the Presiding Judge.

4. **Acknowledgment of Limited Medical Care**. I understand and acknowledge that MCRRC is equipped to handle only basic medical and psychiatric needs and costs for such services limited to the following: (1) on-site part-time nursing; (2) on-site part-time psychiatrist; (3) certain types of limited medical services provided by and in partnership with the Morgan County Medical Center; (4) recovery-safe medications prescribed by MCRRC medical providers; and (5) very limited dental care. **I understand that I will be held financially responsible for any medical and dental care (including ambulance and emergency room treatment) that MCRRC is not equipped to handle or that is beyond the scopeof practices provided by on-site nurses or the Morgan County Medical Center**.

5. **Communication**. I understand that communication with anyone outside of the MCRRC campus is a privilege. The following is an outline of the communication policy:

    - **Mail**: Incoming and outgoing mail must be on postcards.

    - **Phone**: On the day of your intake at the MCRRC facility, you will be allowed an initial phone call. After the initial phone call, unless an emergency arises, residents are not allowed to communicate with anyone outside of the MCRRC by phone for at least the **first 30 days**.

        i. Note: When telephone calls are permitted, they are usually limited to **1 call every two weeks for 5 minutes per call**.

    - **Family visits:** Residents will not be allowed family visits until they have been in the program for a period of time, usually **at least 6 months.**

    - **Passes:** Residents will not be allowed passes away from the MCRRC campus except in some cases for specific recovery- related purposes as they prepare to transition out of MCRRC and at the request of their referring Court.

    Note: Phone calls, family visits, and passes are not guaranteed and must be approved by the staff.

6. **Personal Property**. I understand that I will be limited in the personal property I may have at MCRRC. MCRRC will not be responsible for any lost or missing personal property.

7. **Searches and Seizures**. I understand and hereby give my consent that while I am at MCRRC, my belongings and my personal area may be searched by staff at any time without notice. I also understand and agree that any contraband, or any other items deemed by staff to be inappropriate, that are in my possession may be confiscated by MCRRC.

8. **Drug Testing**. I understand and agree that while I am at MCRRC, I may be drug tested at any time without notice. I also understand and agree that a positive drug test may result in sanctions or termination from the program.

9. **Absconding is a Felony**. I understand that if I ever leave the MCRRC campus unaccompanied by MCRRC staff without a proper written authorization, I can be prosecuted for felony escape pursuant to T.C.A. Section 39-16-605(a), (c)(l)(B), in addition to violation of probation or community corrections. There will be no exceptions to this rule.

10. **Agreement Regarding My Behavior**. I,_____agree:

    - To accept and abide by the directives of the MCRRC staff and to follow all MCRRC's rules and policies.

    - To make full and truthful reports to any staff member upon request;

    - Not to possess or use alcohol, drugs, tobacco/nicotine products, or any contraband (see attached contraband list); Not to engage in any physical altercation or verbal abuse with any member of the MCRRC community (staff and residents);

    - Not to use foul language;

    - To actively engage in my recovery program and in community service work under staff supervision; and

    - To treat all members of the MCRRC community (staff and residents) with respect.

11. **Possible Consequences for Violating This Agreement or the MCRRC Rules**. By executing this instrument, I fully understand that I am transferring my supervision of the sentence to the Presiding Judge overseeing the Morgan County Residential Recovery Court. Should I violate any of the terms and conditions of this Agreement or the MCRRC Rules or Policies, the Presiding Judge may sign an Order that can either:

    1. impose a jail sanction on me of up to twenty-one (21) days without a hearing;

    2. terminate me from the MCRRC program which will result in immediate incarceration, and/ or;

    3. refer me back to the jurisdiction of my referring Recovery Court, and that judge shall have the right to rule upon said violation and impose any sentence that is deemed appropriate.

I understand that if I am terminated from the MCRRC program, for any reason, then:

- If I am on furlough, my furlough could be terminated, and I could be returned to the appropriate penal institution without the benefit of a hearing;

- If I am on community corrections, after a hearing my community corrections could be revoked, and the court could enhance my sentence;

- If I am on probation, after a hearing, my probation could be revoked.

Signed:_____[Applicant] **SIGNATURE NEEDED HERE**

VI. Provisions for Referring Recovery Court

1. **Recommendation for Admission to MCRRC**. By signing this Application Form, the Applicant's referring recovery court is recommending the Applicant's admission to MCRRC.

2. **Certification of Applicant's Eligibility**. By signing this Application Form, the Applicant's referring recovery court is certifying that it has conducted an NCIC criminal background check of the Applicant, and that to the best of the recovery court's knowledge the Applicant satisfies all of the eligibility requirements for participating in the MCRRC program as set forth in Part III.1 above.

3. **Transportation**. When an applicant is admitted to MCRRC, he is to be transported to MCRRC by the Recovery court or by law enforcement on the scheduled Court Date. **Family members are not allowed to drop off new residents.** The referring recovery court is responsible for transporting the new resident to MCRRC as well as from MCRRC upon completion of the program. The street address is 504 Flat Fork Road, Wartburg, TN 37887. Note: This is not the mailing address.

4. **Arrival Time**. The new resident should arrive at MCRRC on the scheduled date between 8:00 a.m. and 11:00 a.m. Eastern Time. It is imperative that arrival is within this timeframe due to meetings with the Judge beginning at 12:00 p.m.

5. **Prescription Medicines**. If a new resident is taking prescribed medicine, he should bring at least a three-week supply, and he should bring any written prescriptions for refills or renewals.

6. **No Luggage**. All a new resident's personal belongings should be contained in a plastic bag. MCRRC does not have space to store luggage.

7. **No Cash**. Residents are not allowed to have cash. Families may send in a **Walmart gift card with a max value of $50**.

8. **Clothing**. Space for storing clothes is limited and clothing items should be kept to a minimum. A resident's term at MCRRC will cover all seasons of the year. A clothing list is attached to this form.

9. **Hygiene**. New residents are encouraged to bring personal hygiene items that do not contain any alcohol, plus one white towel. If a new resident cannot afford these items, then MCRRC will provide them or items may be mailed in to MCRRC counselors at the 504 Flat Fork Rd, Wartburg, TN 37887.

   Note: Prior approval is needed, and all items will be searched upon arrival.

10. **Termination from Program**. If a resident is terminated from the MCRRC program, MCRRC will promptly notify the referring recovery court. The case will be transferred back to the referring court, and they will be responsible for transporting the resident back to that Court's jurisdiction. The referring recovery court will have **5 BUSINESS DAYS** to have the resident picked up from Anderson County Detention Facility.

11. **Successful Completion of Program**. When a resident successfully completes the MCRRC program, he will be discharged from MCRRC and transferred back to his referring recovery court, which will assume jurisdiction of his case. It is expected that the resident will then fully participate in the referring recovery court's program. Beginning at least six weeks prior to the resident's anticipated discharge, the MCRRC staff will work with the referring recovery court and the resident in preparing a transition plan acceptable to MCRRC and the referring recovery court.

VII. Signature Page

In the space below, briefly write the reason why you want to be admitted to MCRRC:

Have you read **all** this Application Form, and do you understand it? [write yes or no]

Have you had the opportunity to discuss this application form and MCRRC program with your attorney and with your referring recovery court? [write yes or no]

SIGNATURE NEEDED HERE

Applicant's Signature:_____DATE:_____

REFERRING RECOVERY COURT: **THIS SECTION MUST BE COMPLETED**

Referring Court Coordinator (Print Name):_____

Referring Court Coordinator (Signature):_____

Referring Court:_____

Title: _____

Date: _____

Note: It is the responsibility of the referring court to arrange transportation for the participant from the MCRRC facility to their home community upon completion of the program.

ENSURE ALL SIGNATURES ARE COMPLETED OR THE APPLICATION WILL NOT BE ACCEPTED.

VIII. Clothing List – These are the maximum number of each that residents can bring.

- 6 pairs of pants suitable for work (work pants, blue jeans) 1 pair of dress pants (not required)
- 2 pairs of shorts
- 10 T-shirts and/or undershirts
- 3 polo shirts
- 1 dress shirt (not required)
- 3 sweatshirts, hoodies, & sweaters
- 1 pair of coveralls
- 1 light jacket
- 1 warm coat
- 1 rain jacket
- Cap or visor for sunny weather
- Knit cap (toboggan) for cold weather
- 10 sets of underwear
- 10 sets of socks
- Footwear:
    - 1 pair of boots
    - 2 pairs of other shoes
    - 1 pair of shower shoes
    - 1 pair of sandals

NOTE: If a resident cannot afford clothes, then MCRRC will provide for the resident's minimal clothing requirements.

IX. Contraband

- Alcohol (including any alcohol-based substances)
- Tobacco/nicotine products/vaping products
- Drugs and drug paraphernalia
- Cash
- Aerosol products
- Medications and dietary supplements unless properly prescribed and approved by MCRRC Medical Staff
- Weapons
- Gang-related materials
- Clothing that promotes profanity, alcohol/drug use, or criminal behavior
- Razors with removable non-cartridge blade
- Sexually explicit material
- Unauthorized literature
- Electronic devices or electronic parts (including chords)
- Electrical or batter-operated items
- Items made of glass
- Unauthorized furniture and lights
- Unauthorized chemicals
- Gambling devices
- Tattooing equipment/paraphernalia
- Earrings/Body piercings
- Any items prohibited by staff

MORGAN COUNTY RESIDENTIAL RECOVERY COURT

PLEASE FILL OUT ALL FORMS THOROUGHLY

MALE MEDICAL HISTORY FORM

Applicant Information

Full Name:_____
Last *First* *M.I.*

Date of Birth:_____ Today's Date:_____

Allergies:_____

SOCIAL HISTORY

MARITAL STATUS

☐ Single ☐ Married ☐ Separated

☐ Divorced ☐ Widowed ☐ Other

TOBACCO USE

Cigarettes/cigars/pipes:

☐ Never ☐ Used in the past Quit Date:_____

☐ Currently Use _____(no.) of packs/day for_____years

Chewing Tobacco:

☐ Never ☐ Used in the past Quit Date:_____

☐ Currently Use _____(no.) of packs/day for_____years

PAST MEDICAL HISTORY

PAST MEDICAL HISTORY Please select if you have or have had any of the following:

☐ Environmental Allergies	☐ Depression	☐ Heart Attack
☐ Anemia (Low Blood)	☐ Diabetes	☐ Nerve or Muscle Disease
☐ Anxiety	☐ Emphysema	☐ Glaucoma
☐ Asthma	☐ GERD (heartburn/reflux)	☐ Seizures
☐ Sickle Cell Anemia	☐ Cancer	☐ Heart Murmur
☐ Stroke	☐ Cataracts	☐ HIV/AIDS
☐ Congestive Heart failure	☐ High Cholesterol	☐ Thyroid Disease
☐ Clotting Disorder	☐ High blood pressure	☐ Tuberculosis
☐ COPD	☐ Kidney disease	☐ Ulcers
☐ Meningitis	☐ Other:_____	

PAST SURGICAL HISTORY

PAST SURGICAL HISTORY Please select if you have or have had any of the following:

☐ Appendectomy	☐ Colon Surgery	☐ Fracture Surgery
☐ Brain Surgery	☐ Joint Replacement	☐ Angioplasty/stent
☐ Tonsils/Adenoids	☐ Cardiac artery Surgery	☐ Ear Surgery
☐ Hernia Repair	☐ Pacemaker/defibrillator	☐ Small Intestine Surgery
☐ Valve Surgery (heart valve)	☐ Eye Surgery	☐ Spine Surgery
☐ Vascular (vein/artery)	☐ Sinus Surgery	☐ Gallbladder removal

OTHER:_____

FAMILY MEDICAL HISTORY

FATHER:

Alive: ☐ Yes ☐ No

Father's Age:_____ Addiction issues: ☐ Yes ☐ No

Addiction issues (If Yes, please describe):_____

My father's general health is: ☐ Good ☐ Fair ☐ Poor

Reason for poor health:_____

Cause of death:_____

MOTHER:

Alive: ☐ Yes ☐ No

Mother's Age:_____ Addiction issues: ☐ Yes ☐ No

Addiction issues (If Yes, please describe):_____

My mother's general health Is: ☐ Good ☐ Fair ☐ Poor

Reason for poor health:_____

Cause of death:_____

SIBLINGS:

Number of brothers:_____ Health Problems:_____

Number of sisters:_____ Health Problems:_____

FAMILIAL DISEASES

Have you or your blood relatives had any of the following (include grandparents, aunts and uncles, but exclude cousins, relatives by marriage and half-relatives)? Check those to which the answer is yes (leave other blank).

- ☐ Heart attack under age 50
- ☐ Strokes under age 50
- ☐ High blood pressure
- ☐ Elevated cholesterol
- ☐ Diabetes
- ☐ Asthma or hay fever
- ☐ Congenital heart disease (existing at birth but not hereditary)
- ☐ Heart operations
- ☐ Glaucoma
- ☐ Obesity (20 or more pounds overweight)
- ☐ Leukemia or cancer under age 60

Comments:_____

MEDICATIONS

Please complete accurately.

	MEDICATION NAME	DOSAGE	FREQUENCY
1.			
2.			
3.			
4.			
5.			
6.			

Comments:

MEDICATION ALLERGIES

	MEDICATION NAME
1.	
2.	
3.	
4.	
5.	
6.	

REVIEW OF SYSTEMS

REVIEW OF SYSTEMS: Select the items in each category that have or have not caused you problems or discomfort.

YES	NO	General	YES	NO	Allergic/Immunologic	YES	NO	Genitourinary
☐	☐	Recent Weight Change	☐	☐	Sneezing/runny nose	☐	☐	Frequent/urgent urination
☐	☐	Fever/chills	☐	☐	Itchy/irritated eyes	☐	☐	Burning/painful urination
☐	☐	Night sweats	☐	☐	Nasal/sinus congestion	☐	☐	Blood in urine
☐	☐	Fatigue	☐	☐	Frequent colds/illness	☐	☐	Difficulty with urination
☐	☐	Malaise/feeling ill	☐	☐	Recurrent pneumonia			
☐	☐	Vascular (vein/artery)	☐	☐	Recurrent sinus infections			

YES	NO	Cardiovascular	YES	NO	Gastrointestinal	YES	NO	Ear/Nose/Throat/Mouth
☐	☐	Chest pain	☐	☐	Loss of appetite	☐	☐	Hearing Loss or ringing
☐	☐	Palpitation/irregular heartbeat	☐	☐	Nausea or vomiting	☐	☐	Earaches or drainage
☐	☐	Rapid heartbeat	☐	☐	Heartburn/reflux	☐	☐	Sinus problems
☐	☐	Shortness of breath	☐	☐	Abdominal pain	☐	☐	Nose bleeds
☐	☐	Swelling of feet, ankles or hands	☐	☐	Diarrhea	☐	☐	Sinus/face pain
			☐	☐	Constipation			
			☐	☐	Rectal bleeding/blood in stool			

YES	NO	Musculoskeletal	YES	NO	Psychiatric	YES	NO	Neurological
☐	☐	Joint stiffness	☐	☐	Sadness/Grief	☐	☐	Headaches
☐	☐	Joint pain	☐	☐	Depression	☐	☐	Concussion
☐	☐	Joint swelling	☐	☐	Panic/Anxiety	☐	☐	Light headed/dizzy
☐	☐	Muscle weakness	☐	☐	Stress	☐	☐	Fainting/collapse
☐	☐	Muscle pain/injury	☐	☐	Hallucinations	☐	☐	Seizures
☐	☐	Limb pain/injury	☐	☐	Sleep problems	☐	☐	Numbness/tingling
☐	☐	Back pain/injury	☐	☐	Suicidal thoughts	☐	☐	Weakness
☐	☐	Neck pain/injury				☐	☐	Tremors
☐	☐	Difficulty walking				☐	☐	Paralysis
						☐	☐	Head injury

CONTINUED ON NEXT PAGE

YES	NO	Integumentary	YES	NO	Eyes	YES	NO	Respiratory
☐	☐	Rash or itching	☐	☐	Eye pain	☐	☐	Cough
☐	☐	Skin infection	☐	☐	Eye redness	☐	☐	Cough/spitting blood
			☐	☐	Vision changes	☐	☐	Shortness of breath
			☐	☐	Blurred/double vision	☐	☐	Wheezing

Patient Name: _____

Patient Signature: _____ **SIGNATURE NEEDED HERE**

Date of Birth: _____

Today's Date: _____

Thank you for your interest in the MCRRC program. Please review this application thoroughly for accuracy and completion of all fields prior to its submission. Incomplete applications will not be processed.

-MCRRC Staff

MORGAN COUNTY RESIDENTIAL RECOVERY COURT

504 Flat Fork Rd.
P.O. Box 509
Wartburg, TN 37887

Judge Donald Elledge & Judge Gary McKenzie
Dr. Jennie L. Jobe, Recovery Court Director
Jeri H. Thomas, Executive Director-NDCSF

AUTHORIZATION FOR DISTRIBUTION OF PATIENT INFORMATION

Resident Name: _____ D.O.B.: _____/_____/_____

Admission Date: _____

I authorize Morgan County Residential Recovery Court (MCRRC), Wartburg, Tennessee, to obtain all of my medical, psychiatric, psychological records and information described below, and to disclose such records and information to members of the MCRRC treatment staff, to the staff of the Recovery Court that referred me to MCRRC and/or to the Recovery Court or other entity to which I will be referred when I am discharged from MCRRC, and to other healthcare or treatment providers for the purpose of advancing or facilitating my residential and/or aftercare treatment and rehabilitation program.

This authorization covers the following items of information:

- Participation in Treatment
- Medical History
- Medical Charts
- Lab Results
- History and Physical Exam
- Cardiac Rehabilitation
- Discharge Summary
- Progress Notes
- EKG/s
- Physician and/or Nursing Notes
- Diagnosis and Assessments
- Psychological Test Result
- Social Histories
- Treatment Plan
- Photographs, videotapes, or other images
- Aftercare planning and Participation
- Verbal Exchange of Information regarding status in Treatment and Referrals
- ECHO
- Consultation Reports
- Pathology Report
- Emergency Room Report
- Radiology Reports
- CDs
- HIV Test Results and Treatment
- Mental or Behavioral Health
- Records containing sensitive Information / or Statement of Treatment
- Operative Reports

MORGAN COUNTY RESIDENTIAL RECOVERY COURT
504 Flat Fork Rd.
P.O. Box 509
Wartburg, TN 37887

Judge Donald Elledge & Judge Gary McKenzie
Dr. Jennie L. Jobe, Recovery Court Director
Jeri H. Thomas, Executive Director-NDCSF

This information is to be used only for the following purposes:

- The development of my residential care or aftercare treatment plan;
- Medical or healthcare treatment; and
- Coordination of treatment and/or aftercare planning with the person or organization to whom disclosure is being made.
- Other (Specify): _____

This authorization is subject to revocation at any time upon written notice, except to the extent that MCRRC has already acted in reliance on it. Unless otherwise revoked, this authorization shall remain in effect during the Resident's residency at MCRRC and for one year following the Resident's discharge from MCRRC, at which time this authorization will expire.

Name of Resident (PRINT): _____

Signature of Resident: _____ **DATE:** _____

Name of Witness (PRINT): _____

Signature of Witness: _____ **DATE:** _____

NOTICE TO THE PERSON OR ORGANIZATION DESIGNED ABOVE: This information has been disclosed to you from records protected by Federal and State confidentiality rules and laws (42CFR Part 2 and T.C.A. 33-3-104). The Federal and State Rules prohibit you from making any further disclosures unless expressly permitted by the written consent of the person to whom it pertains 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. The Federal rules restrict any use of the information to investigate or prosecute criminally any alcohol or drug abuse client.