

Cherokee County Treatment Accountability Court

Ethan Childers, Court Coordinator

MEDICAL PROVIDER ADVISORY

This letter is to inform you that _____ is an active participant in the Cherokee County Treatment Accountability Court (TAC) program. Please be aware of the following information prior to administering any medical procedures or providing medications:

1. The aforementioned client is under a contractual obligation with the TAC to refrain from taking any medications that may compromise his or her sobriety. Except in cases of medical necessity, this includes, but is not limited to narcotic pain medications, general anesthetics, and any medications that may produce a false positive on a drug screen. Please make every effort to ensure that an alternative to these items is provided if necessary.
2. Please make every effort to ensure that the aforementioned client receives all documentation pertaining to arrival, medical procedure/medications, and discharge.

Thanks for your time and thoughtful consideration in this matter. Please feel free to contact the Court Coordinator with any questions or concerns.

Hospital/Clinic Name:

Doctor/Nurse Name:

Doctor/Nurse Signature:

Date/Time/Contact Number:

Doctor or Nurse overseeing patient's care: Please initial next to Not Excused or Excused for the following activities and include date of return if excused.

1. Urinalysis to monitor illicit drug use: **NOT** Excused _____ or Excused/Return Date _____
2. Counseling class attendance: **NOT** Excused _____ or Excused/Return Date _____
3. Court appearances: **NOT** Excused _____ or Excused/Return Date _____

All medical excuses are subject to review and approval from the Presiding Judge in this case

Cherokee County Treatment Accountability Court Contact Information:
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