

UTAH COUNTY SHERIFF'S OFFICE
Utah County Probation



UCP Program PIA Supervision Agreement

I, _____, understand I have entered a guilty plea in my case # _____, my plea has been held in abeyance, and I have been ordered to complete the Utah County Probation (UCP) Program. I further understand I have waived some of my Constitutional and Statutory rights, and I have agreed to strictly abide by UCP supervision terms and conditions including, but not limited to:

1. **Initial** ___ Residing continually in Utah County, during the entire term of probation.
2. **Initial** ___ Not leaving Utah County without the permission of UCP staff.
3. **Initial** ___ Not leaving the State of Utah without the permission of UCP staff.
4. **Initial** ___ Not violate any federal, state, county, or municipal laws, or be convicted of violating any of those laws, and to notify UCP within 72 hours of any arrest, citation, charge, or conviction for an alleged violation of law.
5. **Initial** ___ To keep UCP notified at all times, in writing, of my current residential address and phone number, and to notify UCP and the court within 24 hours of a change in my address or phone number.
6. **Initial** ___ To timely appear for all hearings the Court or UCP schedules for my case whether notice be given in person, by mail, summons, warrant of arrest or phone call to my telephone number. To testify under oath regarding my compliance or violation of the terms of this Agreement.
7. **Initial** ___ If I am prescribed any medication during the term of this agreement, I will adhere to the UCP Handbook requirements for "Healthcare Providers Issuing Prescriptions", located on page ____.
8. **Initial** ___ I agree to take all prescribed medications as directed by the medical professional who prescribed the medication.
9. **Initial** ___ I agree to not fill or take any prescription or medication until I have obtained approval from UCP (excepting for urgent and life-threatening injuries or illnesses).
10. **Initial** ___ To completely abstain from using any alcohol or non-prescribed controlled substances; to not frequent places where alcohol is the chief item of sale.
11. **Initial** ___ To timely obtain all substance abuse, mental health or other evaluations as directed.

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CONSENT TO SEARCH DEVICES

I, _____, have been asked by the Utah County Probation (UCP) staff to permit, during my probation period, a complete search by UCP deputies or their designees of any and all computers, any electronic and/or retrieval system or medium, and any related computer peripherals, cell phone, camera, or other recording devices or media, which I own, possess, control, and/or have access to, for any evidence of a crime or other violation of probation terms.

I further authorize UCP deputies or their designees, to take any evidence discovered during the search, together with the medium in which it is stored, and any associated data, hardware, software, computer peripherals, data storage devices, or any other means of storage.

I have been advised of my right to refuse to consent to the searches, and I give permission for the searches, freely and voluntarily, and not as the results of threats or promises of any kind.

Applicant Signature Date

UCP Staff Signature Date

UTAH COUNTY SHERIFF'S OFFICE

Utah County Probation



Consent for Release of Information

I, _____ hereby consent to the exchange of written and verbal information between Utah County Probation and the following agencies:

- | | | |
|--|---|---|
| <input checked="" type="checkbox"/> Law Enforcement | <input checked="" type="checkbox"/> Court System | <input checked="" type="checkbox"/> Wasatch Behavioral Health |
| <input checked="" type="checkbox"/> Utah County Jail / Corrections | <input checked="" type="checkbox"/> Prosecution Attorneys | <input checked="" type="checkbox"/> DCFS |
| <input checked="" type="checkbox"/> Adult Probation & Parole | <input checked="" type="checkbox"/> Legal Defenders Association | |
| <input type="checkbox"/> Other: (be specific) _____ | | |

Emergency Contact: _____ Phone: _____ Relationship: _____

THIS AUTHORIZATION APPLIES TO THE FOLLOWING TYPES OF INFORMATION, AS INDICATED BELOW:

- Mental Health / Substance Abuse
- Legal Issues / Records
- Jail / Custody Data
- Diagnosis and Treatment
- Attendance and Progress Treatment
- Drug Testing Results
- Alcohol and Drug Treatment including prescribed medication (I understand this information is protected under Code of Federal Regulation, Title 42, Volume 1, Part 2 and 45 CFR Part 160 & 164, HIPAA)
- Other purposes: two-way communication

This disclosure is to communicate with agencies named above, of my attendance, progress and compliance with the requirements of my court ordered probation. Please note the following:

- This information is classified as "private" and all persons and organizations are required to treat it as confidential information in accordance with the Government Records Access Management Act (GRAMA).
- In accordance with GRAMA, this information may be shared with other government organizations without a release of information.
- I understand that my records may be protected under Federal regulations governing confidentiality of alcohol and drug abuse patient records, 42 CFR Volume 1, Part 2, and cannot be disclosed without my written consent, unless otherwise provided for in the regulations.
- I understand that my consent is not necessary to share this information, in connection with my case, within the Utah County Probation Division.
- I understand that I may revoke this consent, through written request at any time, except to the extent that action has already been taken.
- I understand this consent expires automatically at the dismissal of all charges, complete adjudication of my case, or completion of the UCP program.

Applicant Signature

Date

UCP Staff Signature

Date

151 S University Ave. Suite 3100, Provo, UT 84601

Phone: (801) 851-4041