

# Fulton County DUI Treatment Court Program State Court of Fulton County



Honorable Susan Edlein and Wesley Tailor  
Presiding Judges

Bradley Jones, LPC, NCC  
Coordinator

## Notice to Medical Professionals

Re: \_\_\_\_\_

Dear Medical Professional:

Please be advised that the above-referenced patient is a participant in the Fulton County DUI Treatment Court Program, a voluntary program that combines alcohol and drug treatment services with judicial supervision. Admission to this program is based in part on a diagnosis substance use or disorder, as defined in the DSM-V.

Participants are required to inform all medical professionals from whom they may receive treatment of their involvement in this program. Our policies also require that participants disclose to you that they are in recovery and **may not take narcotic or addictive medications without prior approval from our DUI Treatment Court Team** for two main reasons: the danger of cross-addiction and the possibility of conflicts with our drug testing protocol.

We ask that this participant's sensitivity to substance use disorder be considered when prescribing medications or administering injections related to his or her treatment. We also ask that you consider:

1. Any past abuse of history of prescription medication, possibly resulting in increased tolerance;
2. Prescribing only non-narcotic and non-synthetic pain relievers;
3. Limiting the quantity of narcotic pain relievers to the minimum necessary;
4. Limiting the number of refills available;
5. Recommending non-medical coping strategies for anxiety/sleep issues in lieu of prescribing Xanax, Valium, Ativan, Halcion, Deseryl, Ambien, etc.

We feel that our participant's close, honest communication with you is a key component in their achievement of stabilized recovery. Please sign below to indicate that the participant gave you this letter and then return it to him or her. We very much appreciate your consideration and cooperation in this matter.

Sincerely,

Bradley Jones, LPC, NCC

The above –named patient presented this letter to me on \_\_\_\_\_, 20\_\_\_\_.

\_\_\_\_\_  
Physician Name (Please print)  
Phone \_\_\_\_\_

\_\_\_\_\_  
Physician Signature