



# Medical Acknowledgment Form

I, \_\_\_\_\_, am a participant with the Cass/Pulaski Community Corrections Department. The Department requires me to disclose to my medical team my past addictions to alcohol, illegal drugs, and/or prescription medication. Therefore, to ensure complete disclosure, I am documenting my past addictions:

_____	_____
_____	_____
_____	_____

Additionally, I wish to advise that I am currently participating in a treatment program, and if at all possible, I wish not to disrupt my treatment progress by taking narcotic medication. If a narcotic medication is prescribed to me, the department asks that said prescription be only for an acute diagnosis.

The community corrections department requires me to show proof that I disclosed the aforementioned information. Therefore, I am requesting that my medical team acknowledge this notice by signing their names below and agreeing to allow my treatment team to communicate with them regarding my visit.

Thank you and Best Regards,

\_\_\_\_\_  
Program Participant (signature)  
Cass/Pulaski Community Corrections

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager (signature)  
Cass/Pulaski Community Corrections

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Professional (signature)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Medical Professional (printed)

\_\_\_\_\_  
Date

*Reviewed and Revised: February 2, 2026*