

PAID _____ OWES _____

County of Conviction _____

Substance Abuse Guidance and Education
DOEP EDUCATION
Consent to Release

I _____ authorize SAGE to disclose to the Dept. of Public

Safety/Probation/Parole/County of Conviction my completion of the DRUG OFFENDER EDUCATION PROGRAM.

My officer is _____

Located at: _____

Phone number _____ Fax _____

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that in any event this consent expires automatically as described below.

I understand that if I do not pay in full or if I miss any day of class my referring officer will be notified.

Specification of the date, event, or condition upon which this consent expires will be after Notification of completion of program to all parties specified above.

Executed this day of _____, 20____

Signature of participant

Signature of witness

Signature of parent or legal guardian

SUBSTANCE ABUSE GUIDANCE AND EDUCATION DRUG OFFENDER EDUCATION PROGRAM PERSONAL DATA FORM

All information is needed in order to successfully complete this program.

PERSONAL INFORMATION (SEE PRIVACY PRACTICE NOTICE)

Last Name First Name Middle Initial
Date of Birth _____ Drivers License Number or SS# _____ State _____

CASE # _____ **County of Conv.** _____

Home Address

City State Zip

() _____
Working Telephone Number

DEMOGRAPHIC

(Circle one in each category)

SEX		ETHNICITY		MARITAL STATUS	
Male	Female	White	Black	Married	Never Married
		Hispanic	Asian	Separated	Divorced
		American Indian	Other	Widowed	Single

FAMILY AND DEPENDENTS

How many times have you been married? _____ How many children? _____

How many dependents, other than yourself, living with you?

Adults _____ Children _____

Do you feel your drinking or drugging has contributed to family problems at any time in your life? Circle one:

YES NO

If yes, why?

EDUCATION

How many years of schooling completed? _____

Highest school grade completed: (Circle one)

None GED/HS diploma Bachelors Masters Doctorate

What type of work have you been trained to do?

Are you employed in the type of work you've been trained to do at this time? Yes _____ No _____

EMPLOYMENT

List all jobs you have held in the past 3 years, beginning with your present job. Give a description of the type of job, year of employment, and reason for leaving.

JOB DESCRIPTION	YEAR OF EMPLOYMENT	REASON FOR LEAVING
-----------------	--------------------	--------------------

_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

How much total time were you unemployed in last 3 years?

ARREST INFORMATION

Dates of current and previous arrest and charges:

DATE OF ARREST (YEAR)	CHARGE
-----------------------	--------

_____	_____
_____	_____
_____	_____

If charged with DWI, what was the BAC? _____ Present arrest _____

Others _____

How many times has your license now or ever been;

- suspended _____
- revoked _____
- business purposes only _____

Prior to this arrest, was your license:

(circle one) •OK

- suspended
- revoked } Reason _____
- business purposes only

Your age when you:

- began drug activities _____
- began drinking alcohol _____
- were arrested for first offense _____
- were arrested for first drug-related offense _____

What is your drug of choice (Alcohol is a drug. If it is drugs, what drug? _____

When was the last time you used any drug/alcohol? _____

What was it? _____

OTHER INFORMATION

Have you ever thought you might have a drug problem?

(circle one) YES NO

Have you ever thought you might have a drinking problem?

(circle one) YES NO

If "yes" would you like help? _____

Have you ever received help from: (circle all that apply)

- Family doctor
- Church
- Drug/Alcohol rehab program
- Narcotics Anonymous
- Agency (Name: _____)
- Other (Explain: _____)
- Psychiatrist/psychologist
- Relative/friend
- Alcoholics Anonymous

Where do you usually use drugs?

- _____ Party or social event
- _____ Home, with family, friends
- _____ Work or School
- _____ Other
- _____ Home, by self
- _____ Night club
- _____ On the street

SUBSTANCE ABUSE GUIDANCE AND EDUCATION

Notice of Privacy Practices

We are required by applicable federal and state law to maintain the privacy of your health information. We are also required to give you this Notice about our privacy practices, our legal duties and your rights concerning your information. We must follow the privacy practices that are described in this Notice while it is in effect. This Notice takes effect September 19, 2003. It will remain in effect until we replace it.

We reserve the right to change our privacy practices and the terms of this notice at any time provided such changes are permitted by applicable law. We reserve the right to make changes in our privacy practices and the new terms of our notice effective for the health information that we maintain, including health information we created or received before we made the changes, before we make a significant change in our privacy practices.

Uses and Disclosure of Health Information. We use and disclose health information about you for treatment, payment and healthcare operations. For example:

Treatment: We may use or disclose our health information to physician or other healthcare provider who is treating you and will do so with your permission and with previous communication with you.

Payment: We may use and disclose your information to obtain payment for services.

Your Authorization: In addition to our use of your health information for treatment, payment or healthcare operations, you must give us written authorization to use your healthcare information or to disclose it to anyone for any purpose. Unless you give us written authorization, we cannot use or disclose your information for any reason except those described in this notice.

To your Family and Friends: We must disclose information to you as described in the patient rights of this notice. We may disclose your health information to a family member, friend or other person to the extent necessary to help with healthcare or with payment for your healthcare, but only if you agree that we may do so.

Marketing. We will not use your information for marketing communications with your written consent.

Required by Law. We may use or disclose your health information when we are required to do so.

Abuse or Neglect. We may disclose your health information to appropriate authorities if we reasonably believe that you are a possible victim of abuse, neglect, domestic violence, or other crime.

Appointment Reminders. We may disclose your health information to provide you with appointment reminders, i.e. voicemail postcards or letters.

Patient Rights

Access. You have the right to review or obtain copies of your treatment chart with limited exceptions. You may request that we provide copies in format other than photocopies. We will use the format you request unless we cannot do so practically. (You must make a request in

writing to obtain access to your treatment information. You may obtain a form to request access by using the contact information listed at the end of this notice. We will charge you a reasonable cost-based fee for expenses such as copies and staff time.)

If you want more information about our privacy practices or have questions or concerns, please contact us. If you are concerned that we have violated your privacy rights, or you disagree with a decision we make about access to your treatment chart information, you may file a complaint with us, using the contact information listed at the end of this notice. You may also submit a written complaint to the **U. S. Department of Health and Human Services**.

U. S. Department of Health and Human Services
HIPPA Complaints
7500 Security Blvd.
C5-24-04
Baltimore, MD. 21244

Contact information is for Substance Abuse Guidance and Education:

Contact Officers:

Dana Hollingsworth
B.S. Psychology, L.C.D.C
114 S. Main Street, Suite 105
Weatherford, TX. 76068
Off 817-598-9196, FAX 817-598-9420

Printed Name: _____

Signature: _____ Date: _____

TEXAS DRUG OFFENDER EDUCATION PROGRAM KNOWLEDGE TEST

NAME: _____ DATE: _____

Select the best answer and place the letter that corresponds to it in the space provided next to the question.

- _____ 1. Which of the Stages of Change refers to the stage when a person has not considered a behavior?
A. Action B. Contemplation C. Preparation D. Pre-contemplation
- _____ 2. Which of the following is the length of driver's license suspension for a drug conviction in Texas for persons 21 years and older?
A. one year B. three months C. 90 days D. 180 days
- _____ 3. Which schedule of drugs has the highest potential for abuse and carries the severest penalties?
A. Schedule I B. Schedule II C. Schedule III D. Schedule IV E. Schedule V
- _____ 4. Which of the Stages of Change is the stage when a person gets busy taking action that specifically addresses changing the problem behavior?
A. Relapse B. Contemplation C. Action D. Maintenance
- _____ 5. The law that required over-the-counter medicine to reveal the contents of the drugs was:
A. Harrison Narcotic Act of 1914 B. Controlled Substances Act of 1970 C. Pure Food and Drug Act of 1906 D. The Federal Narcotics Act of 1956
- _____ 6. Which of the following drugs has been around since ancient times?
A. Heroin B. Crack C. LSD D. Alcohol
- _____ 7. During the Civil War, an addiction to _____ was known as "the soldier's addiction"?
A. Heroin B. Opium C. Morphine D. Cocaine
- _____ 8. The part of the brain that controls a person's ability to process information is:
A. Vital Functions Center B. Higher Learning Center C. Muscle Control Center
D. Autonomic Nervous System
- _____ 9. Which of the following drugs is categorized as a "stimulant"?
A. Alcohol B. Barbiturate C. Cocaine D. Cannabis
- _____ 10. Which term listed below explains the following effect of drug use: *Repeated exposure to the same dose of drug results in diminishing effect. Therefore, increased doses are required to achieve the desired effect.*
A. Tolerance B. Cross tolerance C. Withdrawal D. Dependence
- _____ 11. Which of the following terms means that tolerance to one drug may also produce tolerance to other similar-acting drugs?
A. Withdrawal B. Dependence C. Tolerance D. Cross tolerance

- _____ 12. _____ is a condition where loss of control over the use of a drug occurs, in spite of unpleasant consequences.
A. Dependence B. Tolerance C. Cross tolerance D. Denial
- _____ 13. Which term identifies one of the biggest problems in dealing with drug dependency because it keeps the dependent person from clearly seeing the effects of his/her drug use?
A. Denial B. Tolerance C. Cross dependence D. Cross tolerance
- _____ 14. Which of the following has been identified as an "HIV high risk" behavior?
A. Unprotected sex B. Sharing dirty needles C. Drug use D. All of the above are "high HIV risk" behaviors.
- _____ 15. The length of time between becoming infected with HIV and the possibility of transferring HIV to another person is:
A. immediately B. 3 months C. 6 months D. 1 year or more
- _____ 16. The use of drugs by some celebrities mistakenly _____ impact drug use can have on a person's life.
A. glamorizes the B. overstates the negative C. understates the positive D. ignores the
- _____ 17. Which of the following describes "values?"
A. How we act B. Basic beliefs — rules by which we live C. Feelings
- _____ 18. Which of the following describes "attitudes?"
A. Our positions or views on situations B. Our responses to stress C. Our behaviors—the way we act
- _____ 19. Which of the following reflects the latest medical thinking regarding addiction?
A. That it is a moral weakness. B. That it is a brain chemistry disease. C. That it is a sin.
D. That it is bad luck.
- _____ 20. Setbacks or returning to old behaviors that may lead to using drugs is:
A. Abstinence B. Sobriety C. Recovery D. Relapse
- _____ 21. Which of the following is not an advantage of 12-Step Support Groups?
A. Encourages self evaluation and growth B. Provides a safe, supportive environment
C. Provides a place for detoxification D. Provides drug-free social contacts
- _____ 22. Which of the following is an example of Physiological Needs according to Maslow's hierarchy?
A. Friends and Family B. Food C. Self-Fulfillment D. The recognition of others.
- _____ 23. During the Contemplation Stage going back and forth between the pros and cons of changing a behavior is known as:
A. Ambivalence B. Procrastination C. Denial D. Resignation
- _____ 24. Which of the following is a reason that planning is important?
A. Breaks the future into smaller steps. B. Gives a sense of order. C. Creates ownership.
D. All of the above.
- _____ 25. Which of the following can act as a barrier to reaching our goals?
A. Recovery B. Contemplation C. Procrastination D. None of the above.

Client Name: _____

Drug Questionnaire (DAST-20)

The following questions concern information about your potential involvement with drugs not including alcoholic beverages during the past twelve months. Carefully read each statement and decide if your answer is "NO" or "YES" Fill in the appropriate box beside the question.

When the words "drug abuse" are used, they mean the use of prescribed or over the counter in excess of the directed and any non-medical drug use. The various classes of drugs may include: cannabis; (marijuana, hash) tranquilizers, (Valium) barbiturates, cocaine, stimulants, (speed), hallucinogens, (LSD) , or narcotics(heroin). Remember that the questions do not include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

These questions refer to the past twelve months:	NO	YES
1 .Have you used drugs other than those required for medical reasons?	_____	_____
2. Have you abused prescribed drugs?.....	_____	_____
3. Do you abuse more than one drug at a time?.....	_____	_____
4. Can you get through the week without using drugs?.....	_____	_____
5. Are you always able to stop using drugs when you want to?.....	_____	_____
6. Have you had "blackouts" or "flashbacks" as a result of drug use?.....	_____	_____
7. Do you ever feel bad or guilty about your drug use?.....	_____	_____
8. Does your spouse(or parents) ever complain about your involvement with drugs?	_____	_____
9. Has drug abuse created problems between you and your spouse or your parents?	_____	_____
10. Have you lost friends because of drug abuse?	_____	_____
11. Have you neglected your family because of drug abuse?	_____	_____
12. Have you been in trouble at work because of drug abuse?	_____	_____
13. Have you lost a job because of drug use?	_____	_____
14. Have you gotten into fights under the influence of drugs?	_____	_____
15. Have you engaged in illegal activities to obtain drugs?	_____	_____
16. Have you been arrested for possession of illegal drugs?	_____	_____
17. Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs? _ _	_____	_____
18. Have you had medical problems as a result of your drug use (ex. Memory loss, hepatitis, convulsions, bleeding etc.)?	_____	_____
19. Have you gone to anyone for help with a drug problem?.....	_____	_____
20. have you been involved in a treatment program specifically related to drug use?....	_____	_____