

DWI

PAID _____ OWES _____

MASTER

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

Before successful completion and certificate can be given all information must be truthful and complete. Class must be paid for before class begins Monday evening.

I, _____ authorize **SAGE** to disclose to :
(Your name here)

(Name of Prob. Off. or person or organization to which disclosure is to be made)

Please Circle one: Probation Officer / Place of Employment / Other

Address: _____

City/St./Zip: _____

Phone and Fax: _____

Today's Date : _____ , 20____

...participant's attendance, progress or any information they may need regarding participants information within this document.

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 action has been taken in reliance on it (e.g., probation, parole, etc.) and that in any event, this consent expires automatically as described below.

Specification of the date, event, or condition upon which this consent expires is one (1) year of the executed date below.

(Signature participant and guardian if needed)

(Signature of witness)

**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 State

SS# *Cause Number

*Co. of Conviction Today's Date

Street Address

City State Zip

()
Working Telephone Number

DEMOGRAPHIC

(Circle one in each category)

SEX

Male Female

ETHNICITY

White Black
Hispanic Asian
American Indian Other

MARITAL STATUS

Married Never Married
Separated Divorced
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
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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
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_____	_____
_____	_____
_____	_____
_____	_____

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? _____)

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

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

•Family doctor

•Psychiatrist/psychologist

•Church

•Relative/friend

•Drug/Alcohol rehab program

•Alcoholics Anonymous

•Narcotics Anonymous

•Agency (Name: _____)

•Other (Explain: _____)

Where do you usually use drugs?

_____ Party or social event

_____ Home, by self

_____ Home, with family, friends

_____ Night club

_____ Work or School

_____ On the street

_____ Other

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
HIPAA Complaints
7500 Security Blvd.
C5-24-04
Baltimore, MD. 21244**

Contact Information 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**

I have received a copy the Notice of Privacy Practices:

Printed Name: _____

Signature: _____ Date: _____

Numerical Drinking profile (NDP):

NAME: _____

DATE: _____

Please read each question carefully and then check the most correct answer in the box provided.
Check only one box for each question.

1. How many times have you been arrested on DWI charges involving an alcohol?
Do not count present arrest. _____times
2. Is someone close to you concerned about your drinking?
() yes () no
3. With whom did you do most of your drinking before this arrest?
Spouse () Relative () Friends () Strangers () Alone ()
4. Do you believe your drinking may be causing you problems?
Yes () No ()
5. Do you want help for a drinking problem?
Yes () No ()
6. Do you feel you are a normal drinker?
Yes () No ()
7. Have you ever awakened in the morning after drinking the night before and found you couldn't remember part of the evening?
Yes () No ()
8. Does your husband, wife, parent or a relative ever worry or complain about your drinking?
Yes () No ()
9. Can you stop drinking without a struggle after a drink or two?
Yes () No ()
10. Do you ever feel bad about your drinking?
Yes () No ()
11. Do your friends/ family think you are a normal drinker?
Yes () No ()
12. Do you ever try to limit your drinking to certain times of the day?
Yes () No ()
13. Are you always able to stop drinking when you want to?
Yes () No ()
14. Have you ever attended a meeting of Alcoholics Anonymous?
Yes () No ()
15. Have you gotten into fights when drinking?
Yes () No ()

16. Has drinking ever created problems between you and your wife, husband, parent or other near relative?

Yes () No ()

17. Has drinking ever created problems between you and your spouse parent or other near relative?

Yes () No ()

18. Have you ever lost friends because of drinking?

Yes () No ()

19. Have you ever gotten into trouble at work because of drinking?

Yes () No ()

20. Have you ever lost a job because of drinking?

Yes () No ()

21. Have you ever neglected your obligations, work or family for 2 or more days because of drinking?

Yes () No ()

22. Do you drink before noon fairly often?

Yes () No ()

23. Have you ever been told you have liver trouble?

Yes () No ()

24. After heavy drinking have you ever had Delirium Tremors (DT'S) or severe shaking?

Yes () No ()

25. After heavy drinking have you ever heard voices or seen things that weren't really there?

Yes () No ()

26. Have you ever gone to anyone for help about your drinking?

Yes () No ()

27. Have you ever been hospitalized because of drinking?

Yes () No ()

28. Have you ever been a patient in a psychiatric hospital or a psych ward of a general hospital?

Yes () No ()

29. Have you ever been in a hospital to be "dried out" (detoxified) because of drinking?

Yes () No ()

30. Have you ever been in jail even for a few hours because of drunk behavior?

Yes () No ()

- _____ 10. Which of the following may be a defense against intoxication?
A. Fatigue B. Time
C. Drugs D. Sweating
- _____ 11. Alcohol and most other drugs are mainly removed from the body by?
A. Breath B. Sweat
C. Urination D. Liver
- _____ 12. Which of the following is a factor in determining blood alcohol concentration (BAC)
- A. Emotions B. Physical Activity
C. Body Weight D. None of the Above
- _____ 13. The legal definition of intoxication in Texas is:
A. Being drunk or stoned on drugs
B. Not having normal use of mental or physical faculties because of -
- alcohol or drugs.
C. Having a BAC of .08% or more
D. Having a BAC of .08 or more: not having normal use of mental ` -
- of physical activities because of alcohol or other drugs.
- _____ 14. Alcohol affects vision by:
A. Reducing side vision B. Widening Side Vision
C. Enhancing color vision D. Sharpening eye focus
- _____ 15. The objective of a DWI Education course is to :
A. Convince people not to drink at all
B. Encourage attendance at AA and counseling
C. Learn about DWI Laws and procedures
D. Have people carry out responsible decisions
- _____ 16. Which drug is most likely found in drivers who are in fatal vehicle - -
- crashes?
A. Crack B. Marijuana
C. Heroin D. Valium
- _____ 17. The lowest BAC (of those provided) at which all persons have been
- shown to be affected is:
A.. 0.05% B. 0.08%
C. 0.10% D. 0.15%
- _____ 18. The average alcohol elimination rate per hour is:
A. 1 drink B. 0.015%
C. 0.05% D. 0.08%

- _____ 19. Which of the following affects the rate of absorption of alcohol?
A. Physical Activity B. Sleep
C. Liver Function D. Strength of a drink.
- _____ 20. Which of the following is a part of the definition of alcoholism?
A. continued use despite problems
B. Regressive Abuse
C. Disease which is curable
D. Disease which is hopeless
- _____ 21. Which of the following (of those provided) is the best sign of alcoholism:
A. Sleeping after drinking B. Not having a job
C. Increased sexual ability D. Drinking alone
- _____ 22. A DWI conviction which includes a BAC of .16 or greater results in a
- three year drivers license surcharge of:
A. \$1000 per year B. \$1500 per year
C. \$1750 per year D. \$2000 per year
- _____ 23. The best long term way to change improper drunk driver behavior is:
A. Education B. Longer jail term
C. Longer License suspension D. Higher Fines
- _____ 24. Combining alcohol and marijuana produces:
A. The same effect B. a greater effect
C. a lesser effect D. greater or lesser dependability on person
- _____ 25. A desirable action to prevent a future DWI is:
A. Watch for police closely
B. Avoid situations which may lead to drinking and driving
C. Drive Slowly
D. All of the above.