

# ***Taylorred Counseling, LLC.***

## **REQUEST FOR SAP SERVICES**

I, \_\_\_\_\_, acknowledge Melvin Taylor as my designated Substance Abuse Professional (SAP) and further agree/acknowledge the following:

The SAP will provide a comprehensive face-to-face assessment and clinical evaluation. The SAP will recommend a course of treatment and/or education for which you must demonstrate successful compliance. A Follow-up SAP evaluation will be conducted before you will be qualified to return to safety-sensitive duty. The SAP will also make recommendations for your continuing aftercare plan including a follow-up testing plan.

At Taylorred Counseling, we are committed to delivering high-quality counseling sessions tailored to your needs and requirements. Our goal is to ensure that each client receives value and satisfaction from their investment in our services. To maintain transparency and clarity in our business practices, we have established the following policy effective September 20, 2023:

- **No Refunds:** All purchases of counseling sessions or services are non-refundable. Once payment is made, it is considered final and irreversible. \*

## **STATEMENT OF CONSENT AND RELEASE**

The Client releases Taylorred Counseling to provide all written evaluations and reports, and to retain all records of the SAP process on the Clients behalf, until such consent and release may be withdrawn by the Client in a written notice to Taylorred Counseling. If it is not your employer's policy to pay for SAP evaluation services, you are financially responsible for all expenses that arise from treatment and/or education as recommended by the SAP.

I authorize and release Taylorred Counseling, in its role as my comprehensive Substance Abuse Professional (SAP) to release relevant information on my case, as I have specifically designed below, including my identifying information. Relevant information for which I authorize Taylorred Counseling to release in accordance with DOT Regulations would include:

1. My violation of DOT regulations (prohibited conducts)
2. My drug and/or alcohol test results
3. The Substance Abuse Professional's (SAP) synopsis of my treatment plan
4. The SAP's assessment evaluation and treatment plan
5. Diagnostic information, where applicable
6. Treatment progress reports

*\*Taylorred Counseling reserves the right to modify this no-refund policy at any time. Any changes will be communicated to clients via email or on our official website. By engaging in counseling services with Taylorred Counseling, client acknowledges and agree to the terms outlined in this no-refund policy. For any questions or concerns regarding this policy, please contact us at (480) 559-8855.*

2121 S. Mill Suite 223, Tempe, AZ 85252 | Phone: (480) 559-8855

Email: [melvin@taylorredcounseling.com](mailto:melvin@taylorredcounseling.com) | [www.taylorredcounseling.com](http://www.taylorredcounseling.com)

## ***Taylorred Counseling, LLC.***

Relevant information as it pertains to the SAP and return-to-duty process may be released to:

\_\_\_\_\_ DER (Designated Employer Representative): \_\_\_\_\_  
 \_\_\_\_\_ Managed Care, Insurance Carrier, HMO: \_\_\_\_\_  
 \_\_\_\_\_ Treatment/Education Provider: \_\_\_\_\_  
 \_\_\_\_\_ MRO (Medical Review Officer): \_\_\_\_\_  
 \_\_\_\_\_ Manager: \_\_\_\_\_  
 \_\_\_\_\_ C/TPA: \_\_\_\_\_  
 \_\_\_\_\_ EAP: \_\_\_\_\_  
 \_\_\_\_\_ Other: \_\_\_\_\_

The purpose of the exchange of information is to comply with DOT requirements that must be met before I may take a Return to Duty drug and/or alcohol test and prior to being considered for returning to the performance of safety-sensitive functions under DOT regulations.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed outside of the above list of Service Agents and Providers without my written consent unless otherwise required by law or provided for under DOT regulations.

**Record Retention Authorization:** Taylorred Counseling, as the comprehensive Substance Abuse Professional (SAP) is authorized by me to maintain and retain complete documentation of all SAP cases via comprehensive, detailed case notes and customized forms in accordance this release and authorization.

**Lawful Release Of Records Is Permitted Under The Following Conditions:** If you pose a clear and imminent danger to self or others, if there is known or suspected child abuse or neglect, if medical records are court ordered by a judge compelling disclosure, when the SAP seeks medical or legal consultation, if the SAP is to make case records available, on request, to DOT agency representatives and/or representatives of the National Transportation Safety Board in an accident investigation.

I, \_\_\_\_\_, have received and understand this information.

Employee's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Witness: \_\_\_\_\_ Date: \_\_\_\_\_

## ***Taylorred Counseling, LLC.***

EMPLOYEE INFORMATION	
Name:	
Address:	
Phone Number:	Email:
Date of Birth:	SSN:

VIOLATION INFORMATION	
What was the violation?	
Date of the Incident:	
Tested positive for: (check appropriate response(s))	
<input type="checkbox"/>	Alcohol
<input type="checkbox"/>	Drugs
Testing level of:	
Specify drug type:	

REASON FOR TEST	
<input type="checkbox"/>	Pre-Employment
<input type="checkbox"/>	Post-Accident
<input type="checkbox"/>	Random
<input type="checkbox"/>	Reasonable Suspicion
<input type="checkbox"/>	Return to Duty
<input type="checkbox"/>	Follow-Up
<input type="checkbox"/>	FMCSA (Federal Motor Carrier Safety Administration)
<input type="checkbox"/>	FRA (Federal Railroad Administration)
<input type="checkbox"/>	FTA (Federal Transit Administration)
<input type="checkbox"/>	FAA (Federal Aviation Administration)
<input type="checkbox"/>	PHMSA (Pipeline Hazardous Material Administration)
<input type="checkbox"/>	USCG (United States Coast Guard)



## ***Taylorred Counseling, LLC.***

### THE MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

<i>Please select either Yes or No for each Item as it applies to you</i>	<b>Yes</b>	<b>No</b>
1. Do you feel you are a normal drinker? (By normal we mean you drink less than or as much as most other people.)		
2. Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?		
3. Does your wife, husband, a parent or other relative ever worry or complain about your drinking?		
4. Can you stop drinking without a struggle after one or two drinks?		
5. Do you ever feel guilty about your drinking?		
6. Do friends or relatives think you are a normal drinker?		
7. Are you able to stop drinking when you want to?		
8. Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
9. Have you gotten into physical fights when drinking?		
10. Has your drinking ever created problems between you and your wife, husband a parent or other relative?		
11. Have you ever lost friends because of your drinking?		
12. Have you ever gotten into trouble at work or school because of drinking?		
13. Have you ever lost a job because of drinking?		
14. Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
15. Do you drink before noon often?		
16. Have you ever been told you have liver trouble? Cirrhosis?		

## ***Taylorred Counseling, LLC.***

### **THE MICHIGAN ALCOHOLISM SCREENING TEST (MAST) *(cont.)***

	Yes	No
17. After heavy drinking have you ever had Delirium Tremens (D.Ts) or severe shaking, or heard voices or seen things that really were not there?		
18. Have you ever gone to anyone for help about your drinking?		
19. Have you ever been to a patient in psychiatric hospital or on a psychiatric ward of a general hospital where drinking was part of the problem that resulted in hospitalization?		
20. Have you ever been seen at a psychiatric or mental health clinic, or gone to any doctor, social worker, or clergyman for help with an emotional problem where drinking was part of the problem?		
21. Have you ever been arrested for drunk driving, driving while intoxicated, or driving under the influence of alcoholic beverages? <i>(If YES, how many times? _____)</i>		
22. Have you ever been arrested or taken into custody, even for a few hours, because of other drunk behaviors? <i>(If YES, how many times? _____)</i>		

# Taylorred Counseling, LLC.

## THE S.A.S.S.I-4 ADULT FORM

Please provide an answer for each question following the instructions below:

- If the statement tends to be TRUE for you, fill in the **T** column.
- If the statement tends to be FALSE for you, fill in the **F** column.

***There are no right or wrong answers; just answer the way you feel.***

	T	F
1. People know they can count on me for solutions.		
2. Most people make some mistakes in their lives.		
3. I usually “go along” and do what others are doing.		
4. I have never been in trouble with the police.		
5. I was always well behaved in school.		
6. I like doing things on the spur of the moment.		
7. I have not lived the way I should.		
8. I can be friendly with people who do many wrong things.		
9. I do not like to sit and daydream.		
10. No one has ever criticized or punished me.		
11. Sometimes I have a hard time sitting still.		
12. People would be better off if they took my advice.		
13. At times I feel worn out for no specific reason.		
14. I am a restless person.		
15. It is better not to talk about personal problems.		
16. I have had days, weeks, or months when I couldn’t get much done because I just wasn’t up to it.		
17. I am very respectful of authority.		
18. I come up with good strategies.		

# ***Taylorred Counseling, LLC.***

## THE S.A.S.S.I-4 ADULT FORM (cont.)

	T	F
19. I have been tempted to leave home.		
20. I often feel that strangers look at me with disapproval.		
21. Other people would fall apart if they had to deal with what I handle.		
22. I have avoided people I did not want to speak to.		
23. Some crooks are so clever that I hope they get away with what they have done.		
24. My schoolteachers had some problems with me.		
25. I have never done anything dangerous just for fun.		
26. I need to have something to do some I don't get bored.		
27. I have sometimes drunk too much.		
28. Much of my life is uninteresting.		
29. Sometimes I wish I could control myself better.		
30. I believe that people sometimes get confused.		
31. Sometimes I am no good for anything at all.		
32. I break more laws than many people.		
33. If some friends and I were in trouble together, I would rather take the whole blame than tell on them.		
34. Crying does not help.		
35. I think there is something wrong with my memory.		
36. I have sometimes been tempted to hit people.		
37. Most people would lie to get what they want.		
38. I always feel sure of myself.		
39. I have never broken major law.		
40. There have been times when I have done things I couldn't remember later.		



# Taylorred Counseling, LLC.

## THE S.A.S.S.I-4 ADULT FORM (cont.)

	T	F
41. I think carefully about all my actions.		
42. I have used too much alcohol or "pot," or used too often.		
43. Nearly everyone enjoys being picked on and made fun of.		
44. I like to obey the law.		
45. I frequently make lists of things to do.		
46. I think I know some pretty undesirable types.		
47. Most people will laugh at a joke now and then.		
48. I have rarely been punished.		
49. I use tobacco regularly.		
50. At times I have been so full of energy that I felt I didn't need sleep for days at a time.		
51. I have sometimes sat around when I should have been working.		
52. I am often resentful.		
53. I take all my responsibilities seriously.		
54. I do most of my drinking or drug use away from home.		
55. I have had a drink first thing in the morning to steady my nerves or to get rid of a hangover.		
56. While I was a teenager, I began drinking or using other drugs regularly.		
57. One of my parents was/is a heavy drinker or drug user.		
58. When I was drinking or use drugs I tend to get into trouble.		
59. My drinking or other drug use causes problems between me and my family.		
60. New activities can be a strain if I can't drink or use when I want.		
61. I frequently use non-prescription antacids or digestion medicine.		
62. I have never felt sad over anything.		

# ***Taylorred Counseling, LLC.***

## THE S.A.S.S.I-4 ADULT FORM (cont.)

	T	F
63. I have neglected obligations to family or work because of my drinking or using drugs.		
64. I am usually happy.		
65. I'm good at figuring out the plot in a spy drama or murder mystery long before the end.		
66. I have wished I could cut down on my drinking or drug use.		
67. I am a binge drinker/drug user.		
68. I often use energy drinks or other over-the-counter products to get me through my day.		
69. I'm reluctant to tell my doctors about all the medications I'm using.		
70. My doctors have not prescribed me enough medication to get the relief I need.		
71. I know that my drinking/using is making my problems worse.		
72. I have built up a tolerance to the alcohol, drugs, or medications I've been using.		
73. Over time I have noticed I drink or use more than I used to.		
74. I have worried about my parent(s)' drinking or drug use.		

# Taylorred Counseling, LLC.

## THE S.A.S.S.I-4 ADULT FORM (cont.)

For each item below, please select the number which reflects how often you have experienced the situation described during the last 12 months using the guide below:

- Never = **0**
- Once or Twice = **1**
- Several Times = **2**
- Repeatedly = **3**

*Drinks and “drinking” refer to any type of alcohol – beer, wine, hard liquor, etc.*

<b>FVA</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
1. Had drinks (beer, wine, liquor) with lunch?				
2. Taken a drink or drinks to help you talk about your feelings or ideas?				
3. Taken a drink or drinks to relive a tired feeling or give you energy to keep going?				
4. Had more to drink than you intended to?				
5. Experienced physical problems after drinking (e.g., nausea, seeing/hearing problems, dizziness, etc.)?				
6. Gotten into trouble on the job, in school, or with the law because of your drinking?				
7. Became depressed after having sobered up?				
8. Argued with your family or friends because of your drinking?				
9. Had the effects of drinking recur after not drinking for a while (e.g., flashbacks, hallucinations, etc.)?				
10. Had problems in relationships because of your drinking (e.g., loss of friends, separation, divorce, etc.)?				
11. Become nervous or had the shakes after having sobered up?				
12. Tried to commit suicide while drunk?				
13. Found myself craving a drink or particular drug?				

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## THE S.A.S.S.I-4 ADULT FORM (cont.)

For each item below, please select the number which reflects how often you have experienced the situation described during the last 12 months using the guide below:

- Never = **0**
- Once or Twice = **1**
- Several Times = **2**
- Repeatedly = **3**

The word “misuse” means taking medications in larger amounts than prescribed, longer than prescribed, or using medications not prescribed for you. “Drugs” include things like pot, cocaine, meth heroin, etc.

<b>FVOD</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Misused medications or took drugs to improve your thinking and feelings?				
Misused medications or took drugs to help you feel better about a problem?				
Misused medications to become more aware of your senses (e.g., sight, hearing, touch, etc.)?				
Misused medications or took drugs to improve your enjoyment of sex?				
Misused medications or took drugs to help forget that you feel helpless and unworthy?				
Misused medications or took drugs to forget school, work, or family pressures?				
Gotten into trouble at home, work, or with the police because of medications or drug related activities?				
Gotten really stoned or wiped out on drugs (more than just high)?				
Tried to get a hold of some prescription drug (e.g., tranquilizers, pain killers, pills to calm nerves, sleep aids, etc.)?				
Spend your spare time in drug-related activities (e.g., talking about drugs, buying, selling, taking, etc.)?				
Used drugs or medications and alcohol at the same time?				
Kept taking medications or drugs in order to avoid pain or keep withdrawal?				

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## THE S.A.S.S.I-4 ADULT FORM (cont.)

<b>FVOD</b>	<b>0</b>	<b>1</b>	<b>2</b>	<b>3</b>
Felt your misuse of medications, alcohol, or drugs has kept you from getting what you want out of life?				
Took a higher dose or different medications than your doctor prescribed in order to get the relief you need?				
Used prescription drugs that were not prescribed for you?				
Your doctor denied your request for medications you need?				
Been accepted into a treatment program because of misuse of medications, alcohol, or drugs?				
Engaged in activity that could have been physically dangerous after (or while) drinking or using drugs or medications?				

Highest Grade Completed:	Employment Status:
Ethnic Origin:	Marital Status:
Number of People in Household:	Weekly Family Net Income: