

# Harrison County Community Corrections

## WV DUI Safety & Treatment Program Intake

Intake Date: \_\_\_\_\_

Name (Last, First, and Middle): \_\_\_\_\_

SSN: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ DOB: \_\_\_\_\_ Race: \_\_\_\_\_ Gender: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Tattoos/Scars: \_\_\_\_\_

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Driver's License/ ID Number: \_\_\_\_\_

Home Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Emergency Contact and Phone Number: \_\_\_\_\_

Are you able to read?    **YES**    **NO**    Are you able to write?    **YES**    **NO**

Highest Education Level Completed: \_\_\_\_\_ Diploma: \_\_\_\_\_ GED: \_\_\_\_\_ Year Completed: \_\_\_\_\_

Employment Status: \_\_\_\_\_ Income Level Per Month: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Household Income Level: \_\_\_\_\_

Persons living in the residence, their relationship to you, and date of birth: \_\_\_\_\_

Have you been convicted of a DUI?    **YES**    **NO**    State of DUI Conviction: \_\_\_\_\_

Date of Arrest: \_\_\_\_\_ Time of Arrest: \_\_\_\_\_ AM/PM    BAC at Arrest: \_\_\_\_\_

Bodily Injury or Death due to DUI?    **YES**    **NO** \_\_\_\_\_

Type of class you are applying for:    **In-Person**    **ZOOM** (Must have a reliable internet connection for ZOOM classes)

Substance Abuse History: \_\_\_\_\_

Past Substance Abuse Treatment: \_\_\_\_\_

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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**HARRISON COUNTY COMMUNITY CORRECTIONS CONENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION:**

**CRIMINAL JUSTICE SYSTEM REFERRAL**

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I, \_\_\_\_\_, hereby consent to communication between Harrison County Community Corrections and the following persons, or agencies; this includes all the transmissions of information, and data, via verbal and electronic notes of conversations, phone calls, memoranda, or any type of communication concerning the overall treatment of my participation:

1. Presiding Judge for the Circuit Court of \_\_\_\_\_ County
2. Presiding Magistrate for the Magistrate Court of \_\_\_\_\_ County
3. Prosecuting Attorney's Office for \_\_\_\_\_ County
4. Defense Counsel
5. Supervising Probation Office for \_\_\_\_\_ County
6. Supervising Parole Office, and if required Paroling Authority
7. Home Incarceration Office for \_\_\_\_\_ County
8. This includes all transmission of information and data via verbal and electronic contact
9. Note of conversations, phone calls, memoranda, or any type of communication concerning the overall treatment
10. Other: WVDMV; \_\_\_\_\_  
\_\_\_\_\_

The purpose of, and need for, the disclosure is to inform the criminal justice agencies listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance, my cooperation with the treatment program, prognosis, drug test results, and:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ I understand that such information will be disclosed in open-court, which is public forum, and I hereby authorize the same.

\_\_\_\_\_ I understand that this consent will remain in effect for one year from the date of this contract, or until I provide written notice to the agency withdrawing my consent.

\_\_\_\_\_ I understand that any disclosure made is bound by part 2 of Title 42 of the Code of Federal Regulations, governing confidentiality of alcohol and drug abuse patient records and that the recipients of this information may re-disclose it only in connection with their official duties.

Defendant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**AUTHORIZATION FOR THE RELEASE OF PROTECTED MEDICAL  
INFORMATION**

**PATIENT NAME:**

**DOB:**

**SOCIAL SECURITY #:**

1. The following organization or health care provider is authorized to disclose the above-named individual's health information as described in this authorization form:  
Harrison County Community Corrections  
Harrison County Home Incarceration

2. The following person or organization (and agents, employees, and representatives of such person or organization) is authorized to receive and/or use the information:  
The Court, the Prosecuting Attorney's Office, my attorney, this Day Report Center, Harrison County Home Incarceration, and the Division of Justice and Community Services; and/or  
Other: \_\_\_\_\_.

3. The description and amount of information to be disclosed is as follows:

Any and all records, reports, summaries, notes, billing records and any other information regarding the examination, evaluation, care, and treatment (including alcohol and drug abuse treatment) of the above-named individual from:

Dates of Service: \_\_\_\_\_

4. The information may be used or disclosed for the following purposes:

For the purpose of pending criminal actions involving the above-named individual, including, but not limited to, disclosures in the course of judicial and administrative proceedings. These permitted disclosures include providing reports to the Court and officers of the Court regarding the above-named individual's compliance or noncompliance with Court Orders. Disclosures may also be made to the Justice and Community Services Division of W.V. Homeland Security to the extent that the Community Corrections Subcommittee of the Governor's Committee on Crime, Delinquency and Corrections may effectuate its obligations pursuant to W. Va. Code § 62-11C-3(b)(1) and other similar statutory authority.

5. I authorize the release of records pertaining to (please initial):

\_\_\_\_\_ Behavioral or mental health services;

\_\_\_\_\_ Treatment for alcohol and/or drug abuse;

\_\_\_\_\_ Other:  
(list): \_\_\_\_\_.

6. This authorization expires one year from the date of signature, if not otherwise indicated.
7. I understand that the requested health care information *may* be protected under HIPAA. For the purposes of this authorization, I hereby waive my rights under HIPAA and request that such information be released to the treating Day Report Center, the Justice and Community Services Division within the Department of Homeland Security, the ordering Court, and the prosecuting attorney's office or their authorized representatives, and any other party specified above, with the knowledge that these records may be reviewed subsequently by others as part of the day report programming and/or the accompanying judicial processes.
8. I understand that I may inspect and receive a copy of this authorization.
9. I understand that I will not be refused treatment simply because I do not sign this authorization, unless I have agreed to receive the treatment as part of a research project or in order to provide my information to a third party. Under those circumstances, I understand that my refusal to sign the authorization may result in a refusal to provide treatment.
10. I understand that I may revoke this authorization at any time in writing, except where action has already been taken in reliance upon this authorization. My revocation will not be effective until I submit a written request to revoke the authorization to the organization or provider who has been authorized to release my records pursuant to this authorization. I also further understand that my revocation will not circumvent the Court from ordering certain disclosures as they relate to my compliance with previous Orders of the Court.
11. This authorization does not permit any agent, employee or representative of \_\_\_\_\_ to discuss records or medical treatment with any physician, hospital or clinic personnel without my prior written consent, but only permits and authorizes the release of copies of the complete medical file by such physician, hospital, pharmacy or clinic.
12. A photocopy of this authorization is to be used and considered as having the same effect as the original of said authorization.

**Offender:** \_\_\_\_\_

\_\_\_\_\_  
**Date**

**Witness:** \_\_\_\_\_

\_\_\_\_\_  
**Date**



**HARRISON COUNTY COMMUNITY CORRECTIONS**  
**220 Washington Avenue**  
**Clarksburg WV 26301**  
**(304) 624-8556- Phone**  
**(304) 626-1085- Fax**

**Agreement of Understanding of the West Virginia DUI Safety and Treatment Program and Fees**  
**Please Read Carefully**

An enrollment fee of FOUR HUNDRED & THIRTY dollars (\$430.00) cash, check, money order, or debit/credit transaction made payable to Harrison County Community Corrections is required for enrollment into the WV DUI Safety and Treatment Program. This registration fee covers the cost of the following services:

- Enrollment Interview/Drug Screen and Responsible Decisions Work Book. If lost or stolen, an additional \$10.00 replacement fee will be charged.
- Educational Component (18 hours of Education)
- A Substance Abuse evaluation for intervention groups is necessary if, for example, you have had a high BAC at the time of your arrest, the DMV deems this offense a second or more, or if you refused the breathalyzer (Implied consent). The fee is \$160 for the evaluation.

I also understand that my enrollment fee is non-refundable in any part *or* under any circumstances.

**ATTENDANCE**

Each class of the WV DUI Safety and Treatment Program is mandatory and must be attended. I understand the following attendance policy for both In-Person classes and Online ZOOM classes:

Since this is an accelerated course, you must attend ALL three sessions. If you miss one session, you will have to start the Educational Component over at a later, available date. If one session is missed, *for* whatever reason, I understand that I will need to start the course over again. If an emergency arises and I do miss class, it will be in the discretion of the facilitator if I need to start the course over.

If I do not contact the facilitator for a new class date within thirty days, this will be considered "no program activity", and will require a re-enrollment fee of \$160.00. The \$160.00 fee is not included in the Indigent Determination process.

All programming must be completed within one year of date of enrollment or full enrollment may be necessary.

In order to participate in the online ZOOM course, I must have full access to ZOOM through my mobile phone or computer with complete video and microphone capabilities. I must also have a working email address for communication with the course instructor throughout the program, as well as, reliable internet connection.

**ALCOHOL & DRUG FREE PROGRAM**

All participants enrolled in the WV DUI Safety and Treatment Program must abstain from all use of alcohol or other drugs. I understand that I may be required to submit to a breathalyzer and at least two drug screens at any time during the program. Failure to comply may result in a discharge from the program

Breathalyzer -\$5.00      SA Evaluation \$160.00      Drug Screens - \$10.00      Work Book -\$ 10.00

I understand that a positive breathalyzer *or* drug screen may discharge me from the program, with all pre-paid fees forfeited.

**ADDITIONAL PROGRAMMING**

The WV DUI Safety and Treatment Program consists of 18-hours of Substance Abuse Education for Level 1 programming.

If additional programming is deemed necessary, it will be discussed at the time of enrollment.

*INTERVENTION COMPONENT* - (Level 2) - a series of one hour groups for six weeks that are started after successful completion of the 18-Hour Education. The fee for the Level 2 sessions is \$250.00 in addition to the initial \$430.00. An Indigent Determination form cannot be used for Level 2 services.

*TREATMENT COMPONENT*- (Level 3) - This level of care includes in-patient or out-patient substance abuse treatment. While Harrison County Community Corrections offers substance abuse treatment, it may be more feasible for the client to obtain services at another provider. This will be discussed at the time of enrollment.

Determination of the level of care will be made at the time of enrollment; however, additional programming may be required if:

- It is determined during that the client has not remained alcohol or drug free during the time enrolled in the program.
- The client is in need of re-enrollment based on no-activity for thirty days or improper activity.
- The client has had a positive breathalyzer or drug screen for any non-prescribed medications, or if there is any other indication of violation of the alcohol & drug free policy of the program.
- Other rule infractions or behaviors that would indicate a higher level of care for completion.

**APPEAL PROCESS**

If I disagree with the assessment and resulting recommendations, treatment plan, or action plan I may request an appeal at the time of the enrollment. The client will have three business days to submit an appeal. The appeal will be reviewed by clinical personnel not involved in the initial assessment and the Director of Harrison County Community Corrections. A report from the clinician will be submitted stating the reasons for the placement. Completion of the appeals process will allow the client to appeal to the DMV directly. The decision of the DMV will be final.

**COMPLETION**

All requirements must be completed before any documentation of completion can be delivered, including all fees for services paid in full.

I fully understand that the DMV has the final decision regarding the re-instatement of my driving privileges in the State of WV.

**DISCHARGE/TERMINATION**

My signature certifies that I fully understand and agree to abide by the rules and regulations, and policies of Harrison County Community Corrections and the WV DUI Safety and Treatment Program. I understand that if I am terminated for any reason that any and all fees pre-paid are nonrefundable in any part.

Participant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_