

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

Visit our web page at jtasap.com

Chester Office
4211 Old Hundred Rd.
Chester, VA 23831
Telephone: (804) 796-4281
Fax: (804) 796-4547

Henrico Office
4114 East Parham Rd.
Henrico, VA 23228
Telephone: (804) 672-1786
Fax: (804) 756-4691

INTAKE APPOINTMENT INFORMATION

(Please read and complete all information except for the appointment date and time)

NAME: _____
LAST FIRST MIDDLE (FULL)

DL#: _____ SS#: _____ STATE LICENSED: _____

GENDER (Circle One): MALE / FEMALE DATE OF BIRTH: _____ RACE: _____

ADDRESS: _____
(STREET/P.O. BOX)

CITY: _____ COUNTY: _____ STATE: _____ ZIP: _____

PHONE: () _____ / () _____ / () _____
(HOME) (WORK) (PAGER, CELL, UNLISTED, ETC.)

Email Address: _____ @ _____

SCHEDULED INTAKE/ORIENTATION APPOINTMENT

(To be completed by Enrollment Coordinator)

Your intake orientation has been scheduled for _____ a.m. / p.m.

On _____, 20_____.

Appointments are conducted via phone. The case manager will call you at your scheduled appointment time.

PLEASE BE REMINDED

- You are required to arrive on time for your scheduled intake orientation.
- Tardiness or failure to attend this appointment may result in your return to court and /or removal from the Program.
- You will be charged a \$25 fee for all rescheduled appointments.
- You are responsible for the \$400 ASAP enrollment fee (\$100 intervention fee included). Payment may be made in the form of credit card (VISA, Master Card or Discover) or money order made payable to John Tyler ASAP.
- Payment may be made on-line at Vasap.virginiainteractive.org prior to your scheduled intake appointment.
- **CASH and CHECKS ARE NOT ACCEPTED.**
- **ALL FEES ARE NON-REFUNDABLE.** _____ (please initial here)
- If you have difficulty reading or writing, you are to bring someone with you to fill out the necessary information.
- **By court order or voluntary enrollment, you have been placed on probation and referred to John Tyler ASAP. For successful completion, your attendance for this appointment and all future appointments and classes is mandatory.**

I HAVE READ & UNDERSTAND THE ABOVE

CLIENT'S SIGNATURE: _____ **DATE:** _____

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John Tyler ASAP

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

CONDITIONS OF ENROLLMENT

****PLEASE INITIAL ALL AREAS AS INDICATED****

1. I am responsible for the \$300 ASAP enrollment and the \$100 intervention fee paid directly to John Tyler ASAP for participation in the program. Total Fees due at enrollment: **\$400**. Payment may be made by Money Order, Master Card, Discover, or Visa. Credit card payments may be made on-line at **Vasap.virginiainteractive.org** or in the office. **Fees are subject to change.* Pre-Enrollments, DMV-volunteers, Re-enrollments and Out-of-State Transfers must pay the full fee at the time of enrollment.

All fees are non-refundable. _____

If you have any questions regarding your scheduled appointment or payment of the ASAP fee, you should contact the ASAP office in Chester at (804)796-4281, Monday through Thursday from 8:30 a.m. to 4:00 p.m. or on Fridays from 8:30 a.m. to 3:30 p.m.

If your appointment is in Henrico, you may contact that office at (804) 672-1786, Monday through Friday from 8:30 a.m. to 3:30 p.m. (The Henrico office is closed 1pm-2pm).

2. I understand that I must attend all scheduled appointments and classes as designated by the ASAP Case Manager or staff, including inpatient treatment or alcohol counseling if so required as part of my assessment (State requirements). _____
3. If under a court order of abstinence, I understand that I cannot **use alcohol, products that contain alcohol or mood-altering chemicals at any time** from the date of my court order (or upon enrollment for volunteers) until released by John Tyler ASAP and the courts. During the time of my involvement in the program, **a violation of the law with reference to drinking or drugs will be grounds for my removal from ASAP and return to court. (Unsuccessful discharge for DMV volunteers)** _____
4. I understand that I can **only drive** where my restricted driver's license (green form/court order) designates once all enrollment conditions, DMV requirements and Ignition Interlock requirements are in compliance. Driving outside my court order is a violation. I understand I **must carry my restricted license order at all times** while operating a motor vehicle until such time the restricted license has expired and a regular license is obtained from DMV. I will report to DMV within 24 hours of the expiration date on the restricted license and ASAP is completed. If my restricted license order expires before completion I understand that I must contact your case manager before the expiration date. _____
5. I understand that I must maintain a valid driver's license to receive Ignition Interlock monitoring credit. My monitoring period will begin or restart at the date a valid permit is issued by DMV. Additional fees will be incurred if I do not meet your interlock requirement during the court probation period. _____

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DMV REQUIREMENTS INFORMATIONAL SHEET

All information is subject to change

If you have been placed in the ASAP program by the Court and are granted a **Restricted License**, you must do the following within **60 days of your court date** so that DMV will not suspend your Restricted License:

1. You must have surrendered your license to the Court Clerk or Judge on the day of your conviction.
2. You may be issued a Restricted Driver's License (green copy-form DC265) by the Court. After you enroll in the program, you are allowed to drive on this order (unless there is an Ignition Interlock requirement) until such time you apply to DMV for the second part (photo copy) of your restricted license, as long as there are no other problems with your driving record. **YOU MUST WAIT AT LEAST 30 DAYS FROM YOUR COURT DATE BEFORE YOU CAN GO TO DMV, BUT, YOU ARE REQUIRED TO GO WITHIN 60 DAYS OF YOUR COURT DATE.**
3. If you are required to have the Ignition Interlock Device, you are required to install this device on your primary vehicle (unless the court has ordered all vehicles titled in your name) and all vehicles titled in your name if this is a second DUI. The Ignition Interlock Device must be installed in your vehicle(s) within 30 days of the court order. You may not operate a vehicle if you are required to have the interlock device until the device is installed.
4. DMV may be mailing you a letter requesting that you do the following:
 - A. Provide proof to DMV that you have filed for FR-44 insurance. This is assigned risk insurance, and the FR-44 form is obtained from your insurance company. Ask the insurance agent to make a special note on the FR-44 form, showing that it is being filed as a result of your DUI conviction. This will help DMV process your restriction much faster.
 - B. You must pay a Reinstatement Fee to your local DMV. Save your receipt.
(As of July 1, 2011, in addition to the reinstatement fee, Virginia law requires payment of a \$5 fee for each additional suspension or revocation order in effect when reinstating driving privileges.)

REMEMBER, EVEN IF YOU DO NOT RECEIVE A LETTER FROM DMV, IT IS YOUR RESPONSIBILITY TO OBTAIN THE PLASTIC PHOTO PART OF YOUR RESTRICTED LICENSE FROM DMV WITHIN 60 DAYS OF YOUR COURT DATE!! If you do not obtain the photo part of your Restricted License from DMV within 60 days of your court date, your license is **REVOKED**. **You cannot drive.**

If you need to correct information or make changes on your green restricted driver's license, you must go to the Clerk of Court to have this done. ASAP does not have the authority to make any changes on your restricted license. If you receive a new ROL, you must come to John Tyler ASAP to have it signed and sealed on the back. Should you have further questions regarding your restricted license or the filing of the FR-44 insurance form, you must contact DMV or your insurance agent. You may need legal proof of your identity at DMV, i.e. birth certificate, Social Security card. For further information, please contact DMV.

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SUPPLIMENTAL IGNITION INTERLOCK ENROLLMENT PACKET

TO BE COMPLETED AT TIME OF ENROLLMENT FOR INTERLOCK SERVICES

Please complete Ignition Interlock Agreement, next page, if you are required to have the **ignition interlock device** installed on your vehicle or if you plan to petition for a restricted permit where the **ignition interlock device** may be required. You will be provided additional information by the secretary regarding ignition interlock installation. You will also be scheduled for a one-time Ignition Interlock information class that will meet for approximately one-hour.

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John Tyler ASAP

Virginia Alcohol Safety Action Program Ignition Interlock Agreement - COV

By signing this document, ASAP clients installing an ignition interlock, acknowledge full understanding of each condition listed below and that they must comply without compromise.

1. ASAP clients are required to view the Ignition Interlock Orientation video located at <http://vasap.virginia.gov>.
2. ASAP clients convicted of a DUI 1st offense must install an ignition interlock on any vehicle they operate, unless otherwise ordered by the court. ASAP clients convicted of a DUI 2nd or subsequent offense must install an ignition interlock on any vehicle they operate and any vehicle registered or titled to them, in whole or in part.
3. ASAP clients must notify the ASAP immediately if they register or title a new vehicle while under an ignition interlock requirement. The new vehicle must have an interlock installed within 10 calendar days of registering or titling the vehicle if related to a DUI 2nd or subsequent conviction, a DUI 1st where the court required interlock installed on all vehicles, or if related to a DUI 1st conviction and the client plans on operating the vehicle. Failure to do so will result in license suspension and possible non-compliance. If this suspension occurs, the clients will be responsible for any DMV licensing fees and requirements and credited interlock time will start over on all vehicles from the date the client becomes licensed with DMV.
4. ASAP clients installing an interlock in a vehicle they do not own must submit a completed "VASAP Ignition Interlock Consent to Install Form" to the interlock technician at installation.
5. The interlock device must be installed within 30 days of the effective date on the DC-266 Ignition Interlock Order Form and the interlock device must be calibrated at least every 30 days per Virginia Code 18.2-270.1.
6. ASAP clients, under a court-ordered interlock requirement, must comply with all outstanding licensing requirements of the DMV and obtain a valid license for all of their installed ignition interlock time to count. The restricted license order (DC-265) document shall expire 60 days from the commencement date on the order if not accompanied by a valid hard copy license. For those who fail to properly obtain their hard-copy license from DMV, within 60 days of the restricted license issuance from the court, any installed interlock time accrued from the 60-day mark to the date of licensure through DMV will be added to the end of the ignition interlock requirement.
7. ASAP clients, under a DMV interlock requirement, will begin to receive credit for installed interlock time from the date they obtain their hard-copy license from DMV.
8. Breath tests above the fail point, or skipped rolling re-tests, are considered violations. Clients are required to provide a second breath sample within 15 minutes of any failed or skipped test. The 2nd test provides the ASAP with additional information in determining if the failed, or skipped, test was due to consumed alcohol.
9. ASAP clients, while in proximity of the ignition interlock, are required to avoid substances which may contain alcohols. In addition, all smoking substances should be avoided while using the ignition interlock in order to prevent potential damage to the fuel cell.
10. ASAP clients are solely responsible for all activity on the interlock device unless camera photos prove otherwise. All situations in which the person providing a breath sample on the device is not clearly visible and identifiable in the interlock camera photographs will be considered interlock violations. ASAP clients who permit a 3rd party to supply a breath test on the interlock device, in an attempt to start the vehicle for the client, violate Virginia Code 18.2-270.1 and may be charged, along with the 3rd party, with a Class 1 misdemeanor.

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John Tyler ASAP

Virginia Alcohol Safety Action Program Ignition Interlock Agreement con't – COV

11. If requested, ASAP clients are required to submit formal documentation from any vehicle maintenance/repair facility, to the ASAP, documenting the type of service performed along with the vehicle's dates and times in and out of the repair facility.

12. ASAP clients are required to complete their final calibration on or after their interlock compliance date and no interlock device shall be removed without ASAP authorization. Failure to abide by this requirement may result in additional criminal charges.

13. ASAP clients are not permitted to change interlock vendors after device installation unless approved by the Commission on VASAP.

14. ASAP clients are required to enroll with the local ASAP in order to begin ASAP interlock monitoring services for a DMV interlock requirement. The ASAP interlock monitoring fee for DMV administrative cases is \$50 per month. The ASAP will not successfully satisfy any interlock requirement with the DMV in which the balance is not paid in full. Clients who have an ASAP balance 60-days or more in arrears are subject to having their interlock monitoring services terminated by the ASAP.

15. Pursuant to Va. Code § 17.1-612, ASAP clients who directly, or indirectly, subpoena staff members of the VASAP state office for testimony at any court hearing may be subject to payment of the witness's daily mileage and toll expenses.

16. ASAP clients seeking to drive an employer's vehicle without an interlock installed must have the employer petition the court. The client must not be in control or ownership of the business in whole or in part. The client is still required to install an interlock in a personal vehicle to satisfy the requirement.

These conditions and terms will remain in effect until completion of all court and DMV ignition interlock requirements. I fully understand failure to abide by these requirements, in their entirety, may result in my case being returned to court and/or termination from the ASAP ignition interlock program. By signing below, I acknowledge that I have received a copy of and understand all conditions contained in this agreement.

Client Printed Name

Client Signature

Date

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John Tyler ASAP

Please read each statement and initial on the line following each statement.

Please complete all pages attached and return this form to the receptionist once you are done.

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM
AGREEMENT TO PARTICIPATE

John Tyler ASAP is a criminal justice probation service of the Virginia Court system. Your probation requires compliance with the program guidelines as follows:

I understand that I may not consume alcohol or other mood altering chemicals while I am participating in any phase of the ASAP program if I am under a court order of abstinence. I understand that this also includes but not limited to cough medications, mouthwashes, any substance which contains alcohol, prescription medications that are not prescribed to me. _____

If I am under a doctor's care I will provide a copy of the physician's prescription to ASAP. _____

My participation in ASAP will involve a commitment of my time and will not be solely at my convenience. I agree to attend all scheduled sessions and meetings as required. _____

I understand that I must attend all scheduled sessions, arriving on time and remaining present for the entire session. An absence is allowed only for an emergency situation and must be approved by my ASAP case manager. If I miss a scheduled session and my case manager does not approve the absence I will be dropped from that class. _____

I understand that if I miss a scheduled class, I must contact my case manager within 24 hours to schedule an appointment and I am required to provide written documentation for the absence. _____

I understand that I will be required to pay a \$25 class reschedule fee for any missed class. _____

I understand that if I miss an ASAP class I will be dropped and deleted from my existing class and my case may be returned to court or I may be required to restart the ASAP education program. _____

I understand that the ASAP program requires active participation and that mere attendance will not satisfy the requirements for successful program completion. I agree to participate fully and accept the program plan that is developed for me. _____

I understand that my program participation may require attendance in a substance abuse treatment program and that I will be required to pay for those services. _____

I understand that my participation in a treatment program may require Alcoholics Anonymous (AA) or self help group attendance. If you object to AA participation on religious grounds, other alternatives will be made available.

I understand that while I am in ASAP my case may be re-evaluated at any time for reassessment and placement in the appropriate program which may include substance abuse counseling or a more intense level of treatment.

I understand that I am responsible for payment of the ASAP enrollment fee, intervention fee, and any other incurred fees. _____

I understand that if I am referred to alcohol or drug counseling I am responsible for the cost of that program or any other programs to which I am referred. _____

I understand that information about other group members and me is confidential. I understand that the identity of group members is confidential and may not be disclosed to anyone without written permission of all group members involved. Confidentiality is covered by Federal Regulation 42 CFR and carries a fine up to \$500 for the first violation and \$5000 for any further violations. Group members and alcohol/drug service employees are all subject to federal regulation. _____

I agree to submit to required breath tests and urine alcohol/drug screens. A positive alcohol/drug screen can result in a violation of my probation and return to court. _____

I understand that I am on supervised probation for the duration of my restricted permit or probation period and will be scheduled to meet regularly with my case manager. _____

I understand that if I move or change jobs, I am required to notify ASAP, the Court, and DMV within 5 days of any change of address, phone number, or employment. _____

I understand that failure to keep the terms of this agreement will result in a violation of my probation and non-compliant return to court. _____

If I have any questions concerning my case, I will contact my case manager. _____

I understand that the State Code of Virginia requires that I successfully complete ASAP in order to have my license re-instated. I understand that if I fail to complete the ASAP program at this time, I may voluntarily re-enter the ASAP program at a later time and will be required to pay the required enrollment fee(s) and any unpaid balances on my prior ASAP account. _____

I agree to answer all questions. I understand withholding information or refusing to cooperate may result in my return to court or placement in a more intense program. _____

I understand that this is a professional office setting and an extension of the court. I understand that I may not use vulgarity or present in any manner that disrupts office operations. Should I present in person, or on the phone, in a disruptive or abusive manner (verbal or physical) I will be asked to leave the building and grounds, or my call will be terminated. I also understand that I may further be charged with disorderly conduct. _____

I agree to install the ignition interlock device on my vehicle, if so ordered by court or DMV and will report for monthly calibrations. I agree to pay all fees associated with ignition interlock monitoring (see Interlock Monitoring Agreement). _____

ACTIONS WHICH MAY RESULT IN NON-COMPLIANCE WITH ASAP:

- Failure to cooperate during the intake evaluation. _____
- Falsifying or withholding information during my intake appointment or any phase of the program. _____
- Failure to keep any scheduled appointment with my case manager. _____
- Absence from any education class or counseling session without the approval of my case manager. _____
- Failure to provide this office with a valid address or phone number. _____
- Failure to pay any ASAP fee(s), counseling fees and ignition interlock fees. _____
- Violation of any additional condition of probation, which may have been ordered by the court. _____
- Violation of any restriction placed on my driving privilege by the court, including driving outside my restricted privilege or on a suspended license. _____
- Appearing at any program function under the influence of alcohol or testing positive for alcohol and/or any drug(s). _____
- Any arrest of Driving Under the Influence or any other alcohol or drug related charge. _____
- Any arrest involving alcohol and/or drugs. _____
- Failure to install the ignition interlock device on a vehicle within 30 days of the court order. _____
- Failed calibrations or events on the ignition interlock device or failure to comply with the monthly calibrations. _____
- Any non-alcohol related conviction(s) that results in 30-60 days, or more, incarceration. _____

REASONS FOR WHICH AN ABSENCE MAY BE EXCUSED:

- Personal illness documented by a doctor's certificate. _____
- Death of a member of my immediate family. (Verification required) _____
- An emergency documented by the case manager and/or approved by the ASAP director. _____

I HAVE READ THE ABOVE AND UNDERSTAND THE TERMS AND CONDITIONS OF MY PARTICIPATION IN ASAP

Client's Signature

Date

JOHN TYLER ALCOHOL SAFETY ACTION PROGRAM

COURT ORDERED ABSTINENCE AGREEMENT

This agreement serves as notice that court ordered participants (within the court jurisdiction of John Tyler ASAP) are under a court order of Abstinence of Alcohol and Drugs. Participants transferred in from other ASAP program's are responsible for complying with any order of abstinence or other conditions of probation with that ASAP or Court.

To demonstrate my appropriateness for ASAP, I understand that I will not consume any alcohol beverages, products or medications containing alcohol, medications which I do not have a valid prescription for and/or any mood-altering chemicals from the date of my court referral and/or enrollment date or until I have been released by ASAP, the Court and/or the expiration date of my restricted privilege to drive; whichever is later.

For Court ordered participants; I understand that if I fail to comply with this agreement, receive another alcohol/drug related charge, test positive for alcohol or drugs, or appear at any ASAP function or facility under the influence of alcohol or drugs, that my case may be returned to Court for violation of probation, or may result in a more intense level of participation.

I hereby consent to a breath test/urine alcohol/drug screen (UDS) upon request from any ASAP staff member, instructor, or a treatment counselor. I understand that there is an additional fee for the urine drug screen (UDS) and that I am responsible for the cost of that service (Currently \$20-\$50). I understand that refusal to submit to a requested breath test or drug screen will be considered a positive alcohol/drug screen and violation of my probation.

I understand that I may be charged with drunk in public or other related charges if I appear on the ASAP premises or at any of the ASAP functions intoxicated or under the influence of any mood altering chemicals.

Client's Signature

Date

Virginia Alcohol Safety Action Program

Intake Questionnaire

Full Name: _____
(First) (Middle) (Last) (Suffix)

Mailing Address: _____
(Street) (City) (State) (Zip Code)

Primary Phone Number: _____ - _____ - _____ Secondary Phone Number: _____ - _____ - _____

Driver's License Number: _____ Date of Birth: _____

Email Address: _____ @ _____

Are you a Student? Yes No If yes, where? _____

Employer: _____ Work Hours: _____

Annual Income: \$ _____ Health Insurance Provider: _____

Medical History

Medical Conditions: _____

Prescribed Medications: _____

Have you ever been told by a medical professional not to use alcohol or drugs? Yes No

Do you have any medical conditions directly related to your use of alcohol or drugs? Yes No

If yes, list the conditions: _____

Legal History Have you had any...

Previous Arrest or Convictions for: (Do not include your present referral)

DUI Yes No How many? _____; Public Intoxication Yes No How many? _____

Underage Poss. of Alcohol Yes No How many? _____

Drug Offenses Yes No How many? _____

Other Criminal Charges (including Reckless Driving) Yes No If yes, how many? _____

List each offense: _____

Do you have any pending charges? Yes No If yes, how many? _____

List all pending charges: _____

Are you currently on probation with any other agency? Yes No

If yes, list the name of the Agency: _____

Probation Officer: _____

About Your Current Referral

What was your original charge/offense? _____

Date of original charge/offense: _____

What was your final conviction? _____ Court of Conviction _____

Date of conviction: _____

Why did the officer "pull you" or cause him to stop you? _____

What alcohol beverages and/or what drugs were you using on the day of your arrest? _____

How much did you drink/use that day? _____ What was the occasion? _____

Did you have an accident that day? Yes No Were there any injuries? Yes No

What was your BAC at the time of arrest? _____ Did you feel impaired? Yes No

Alcohol and Drug History

How many days per week do you consume alcohol? _____ How much alcohol do you consume on those occasions? _____

When did you last consume any alcohol? _____

How much did you consume? _____

Which drugs have you used or experimented with:

Cocaine, Last use _____ Marijuana, Last use _____ Heroin, Last use _____

Amphetamines, Last use _____ Other: _____

Have you ever tried to quit?

Drinking? Yes No If yes, how long did you abstain? _____

Using Drugs? Yes No If yes, how long did you abstain? _____

Have you ever taken a prescription drug that was not prescribed to you? Yes No If yes, what medication did you take? _____

When? _____

Have any of your blood relatives have, or had, a problem with alcohol or drugs? Yes No

Have you had any...

Previous Alcohol/Drug Education? Yes No If yes,

Where?: _____ When: _____

Previous Alcohol/Drug Treatment? Yes No If yes,

Where?: _____ When?: _____

Have you had any...

Previous ASAP Participation? Yes No If yes, where?: _____

When? _____

Previous AA or NA Attendance? Yes No

If yes, was your attendance Voluntary Court Ordered

I certify under penalties of perjury this information is accurate to the best of my knowledge.

Signature: _____

Date: _____

ASAP Office Use Only

Indicate Service Type: Intensive Education Treatment Assessment

Notes: _____

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John Tyler ASAP

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

Probationer: _____
(Your Name)

Date of Birth: _____

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information with:

- the court of record/referral
- the Commonwealth Attorney's office
- attorney(s) of record
- local, state and federal law enforcement agencies
- other criminal justice entities
- the Virginia Department of Motor Vehicles
- applicable VASAP ignition interlock service providers
- other (specify) _____

for the purpose of facilitating, supervising, verifying, and reporting my participation in, and compliance with ASAP requirements.

I understand that if I am being referred to the Alcohol Safety Action Program **by a court**, information concerning my participation will be reported to the court, and my consent for that purpose will terminate upon successful completion of my ASAP probation. In the event of noncompliance, this Consent for Release of Confidential Information will not expire until the referring court formally terminates the Alcohol Safety Action Program's oversight of the case.

I understand that if I am enrolling in the Alcohol Safety Action Program to complete a **DMV requirement**, this Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. I understand that my records are protected under Federal Confidentiality Regulations (42CFR Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that all treatment information is protected under HIPAA and cannot be released by the ASAP without my consent; however, should I elect to transfer to another ASAP, all records to include treatment records will be sent to the supervising ASAP in order to effectively administer my case. A copy of this Consent for Release of Confidential Information form shall be considered to be valid as the original.

Executed this _____ **day of** _____, **20** _____

Participant's Signature: _____

Parent/Guardian Signature (required if under the age of 18): _____

To revoke consent for release of information, complete this section.

Date Revoked: _____

Participant's Signature: _____

Parent/Guardian Signature (if required): _____

PROHIBITION ON RE-DISCLOSURE: This information has been disclosed to you from records protected by Federal Confidentiality Rules (42 CFR Part 2). The Federal Rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose.

[Updated 8/23/19]

September 2019