

John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM



HENRICO BRANCH OFFICE
4116 East Parham Road
Henrico, VA 23228-2759
804: 914-2181

CHESTERFIELD OFFICE
9620 Iron Bridge Rd #101
Chesterfield, VA 23832
804: 914-2181

WWW.JTASAP.COM

INTERVENTION INTERVIEW

PLEASE READ CAREFULLY AND PRINT LEGIBLY!

NAME: _____
 LAST FIRST MIDDLE

DL#: _____ State Licensed: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE (Cell): _____ WORK PHONE: _____

DATE OF BIRTH: _____ Gender: _____

Email Address: _____

1.) A **\$30.00** fee is due in full at the time of scheduling the appointment. A **Money Order, or Debit or Credit card** are the only forms of payment. Money orders are to be made out to JOHN TYLER ASAP. **NO** personal checks or cash will be accepted.

2.) Compliance Summary and Driving Record no older that 30days (printed) are required to enroll for the Intervention Interview.

3.) The instructor will call to perform the Intervention Interview over the phone.

THERE ARE NO EXCEPTIONS TO THESE RULES.

**** ALL FEES ARE NON-REFUNDABLE ****

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]

VIRGINIA ALCOHOL SAFETY ACTION PROGRAM EMAIL AUTHORIZATION

I understand that due to the risk of electronic messages being misdirected, hacked or intercepted by unintended parties, the Virginia Alcohol Safety Action Program (VASAP) cannot guarantee that confidential messages sent over the Internet will not be subject to unintended disclosure or other privacy breaches.

I understand that emails to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

I further understand that emails sent to/from work devices may be subject to review by my employer.

Acknowledging the above, I hereby authorize the Virginia Alcohol Safety Action Program to communicate with me via email regarding my case until such time as my ASAP case is closed, or this authorization is rescinded by me.

Client Printed Name

Client Signature

Date

Email Address