

# John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM

HENRICO OFFICE  
4116 East Parham Road  
Henrico, VA 23228  
804-914-2181  
jtasap.com



CHESTERFIELD OFFICE  
9620 Iron Bridge Road #101  
Chesterfield, VA 23832  
804-914-2181  
jtasap.com

## Reckless Aggressive Driver Education Program / Driver Improvement Clinic Enrollment Form

NAME: \_\_\_\_\_

LAST

FIRST

MIDDLE

SUFFIX

LICENSE NUMBER: \_\_\_\_\_ STATE LICENSED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

PHONE: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_

### REFERRAL INFORMATION

COURT: \_\_\_\_\_

DATE OF OFFENSE: \_\_\_\_\_

ORIGINAL COURT DATE: \_\_\_\_\_

NEXT COURT DATE: \_\_\_\_\_

I ATTEST THAT ALL INFORMATION LISTED ABOVE IS TRUE AND ACCURATE.

\_\_\_\_\_  
PARTICIPANT SIGNATURE

\_\_\_\_\_  
DATE

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## PARTICIPATION AGREEMENT

I understand that participation requirements are as follows:

1. I must pre-register for the program and pay the fee in full.

RECKLESS AND AGGRESSIVE DRIVER EDUCATION PROGRAM - \$125

TRAFFIC MONITORING FOR DRIVER IMPROVEMENT - \$50

2. All fees must be paid via money order, VISA, Discover, or MasterCard. Cash is not accepted.
3. I understand that all fees are non-refundable.
4. I must be on time and attend all assigned sessions.
5. I must be alcohol and drug free while in attendance.
6. I understand that if I am disruptive, I will be asked to leave class and will not receive credit.
7. I understand that due to the nature of the educational materials presented, all classes must be taken in order and absences are not permitted.
8. I understand that a certificate of completion will be provided upon completion of all required sessions and that it is my responsibility to provide a copy of the certificate to the court 30 days prior to my next hearing date.

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Participant Name (Printed)

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Date

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Participant Signature

# Virginia Alcohol Safety Action Program

## Electronic Communication Authorization Consent Form

I understand that due to the risk of electronic communications 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 electronic communications to/from VASAP may contain personnel information that is protected by federal confidentiality guidelines.

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

I consent to the use of electronic devices such as but not limited to mobile phone, tablets, laptop, etc.

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

Signature: \_\_\_\_\_

Printed Name: \_\_\_\_\_

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

DOB: \_\_\_\_\_

# VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION – GENERAL

Probationer: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

(Your Name)

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 and remote alcohol service providers

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

I understand that 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 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 the Federal Confidentiality Regulations (42 CFR 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: \_\_\_\_\_

Participate 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 information is not sufficient for this purpose.