

**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 AND AGGRESSIVE DRIVER EDUCATION PROGRAM**

**Enrollment Form**

NAME: \_\_\_\_\_  
                    LAST                    FIRST                    MIDDLE                    SUFFIX

DL#: \_\_\_\_\_ State Licensed: \_\_\_\_\_

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

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

PHONE (Cell): \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

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

Email Address: \_\_\_\_\_

**REFERRAL INFORMATION**

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

**GENERAL DISTRICT COURT OR CIRCUIT COURT**

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

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

RETURN TO COURT DATE: \_\_\_\_\_

**I ATTEST THAT ALL INFORMATION LISTED ABOVE TO BE TRUE AND ACCURATE**

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

\_\_\_\_\_  
DATE

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## Participation Agreement for and Reckless an Aggressive Driving Program

### I understand that participation requirements are as follows:

1. I must pre-register for the program and pay the \$125.00 fee.
2. All fees must be paid by money order, Visa, Discover, or MasterCard.
3. I must be on time and attend all assigned sessions.
4. I understand that I will be dismissed from class if I am texting or using my cell phone or any electronic device during class.
5. I must be alcohol and drug free while in the program.
6. I understand if I am disruptive in class I will be required to leave and will not receive credit
7. I understand that fees are non-refundable
8. I understand that due to the nature of the education materials presented, all classes must be taken in order and no absences are permitted.
9. I understand in the event that I am absent from a session, I will not receive class credit and all fees are non-refundable.
10. I understand that If I reschedule class more than once, I will have to re-enroll for the program and pay the full fee of RADEP.
11. I understand that a certificate of completion will be provide upon completion of all required session and that it is my responsibility to provide the certificate to the Court prior to my return court date.

\_\_\_\_\_  
PARTICIPANT NAME (PRINTED)

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

\_\_\_\_\_  
DATE

# 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

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

I hereby grant the Virginia Alcohol Safety Action Program (VASAP) consent to exchange information related to my ASAP requirements 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 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 HIPPA 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): \_\_\_\_\_

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

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

Participant's Signature: \_\_\_\_\_

Parent/Guardian Signature (if required): \_\_\_\_\_

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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.