

# 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

## APPLICATION FOR SERVICES

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

LICENSE #: \_\_\_\_\_ STATE LICENSED: \_\_\_\_\_

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

ADDRESS: \_\_\_\_\_  
STREET CITY/COUNTY STATE ZIP

PHONE: \_\_\_\_\_ / \_\_\_\_\_  
CELL ALTERNATE

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

### YOU HAVE BEEN COURT ORDERED TO ENROLL FOR:

☐ URINE SCREENS

The fee for this service is \$25-\$50 per urine/drug screen that will test for alcohol and other drugs. If the results of the screen are contested and sent to the lab for verification you will be responsible for any lab fees if results are confirmed positive.

☐ REMOTE ALCOHOL MONITORING

☐ BOND SUPERVISION

The fee for this service is \$50 per month. These charges will be applied/incurred until the device is ordered removed by the court or the case is adjudicated.

-Fees can only be paid via debit/credit card (a flat \$2 service fee per transaction) or money order made out to JTASAP. Checks and cash are not accepted. All fees are non-refundable.

**I HAVE READ AND UNDERSTAND THE ABOVE.**

CLIENT SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

# VIRGINIA ALCOHOL SAFETY ACTION PROGRAM

## AGREEMENT TO PARTICIPATE

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

**As an ASAP participant, you are subject to the following program rules. These rules apply if you are enrolled as a court referral or if you are enrolled satisfying a DMV requirement.**

I understand that I am required to meet with my ASAP case manager as deemed necessary. \_\_\_\_

I understand that I am responsible for keeping my case manager aware of any change of address and change of telephone numbers. \_\_\_\_

I understand that I am responsible for making my case manager aware of any new criminal or traffic violations. \_\_\_\_

I understand that I must pay the ASAP fee in full or set up a payment plan, which I will adhere to. This applies only to court ordered participation. \_\_\_\_ (*Full payment is due at enrollment for DMV cases*).

I understand that I am responsible for paying a \$25 rescheduling fee for missed ASAP appointments or class. \_\_\_\_

I understand that I am responsible to pay the costs of any treatment services that I may receive directly to the treatment provider. \_\_\_\_

I understand that I am required to engage and actively participate in ASAP education classes. \_\_\_\_

I understand that I am required to attend all ASAP education classes and treatment sessions free of alcohol or illicit drugs. \_\_\_\_

I understand that I am required to successfully follow the treatment plan as prescribed by the treatment provider or my case will be in a noncompliant status. \_\_\_\_

I understand that I am required to attend all education treatment sessions and comply with attendance policies. \_\_\_\_

I understand that I am required to submit to a breath test when requested by an ASAP representative. \_\_\_\_

I understand that if I am under a court order to remain abstinent that I am not permitted to drink alcohol at any time or use any illicit drugs and that I will be required to submit to drug and alcohol testing. \_\_\_\_\_

I understand that testing positive for alcohol, illicit drug usage, or having an ignition interlock violation will result in my case being reclassified and may result in my case being returned to court, if under the court's jurisdiction. \_\_\_\_\_

I understand that I am required to adhere to this participation agreement and that failure to comply will result in my case being returned to court for noncompliance. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance can result in my case being closed as unsuccessful. \_\_\_\_\_

I understand that the Code of Virginia requires that I enter and successfully complete an Alcohol Safety Action Program (ASAP) in order to have my license reinstated. I understand that if I fail to complete the ASAP at this time, that I may re-enroll at a later time and will be required to pay the required enrollment fee(s) and any unpaid ASAP balances. \_\_\_\_\_

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

\_\_\_\_\_  
Client Name (print)

\_\_\_\_\_  
Client Names (signature)

\_\_\_\_\_  
Date



# VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION – GENERAL

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**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.

# Virginia Alcohol Safety Action Program

## Electronic Communication Authorization Consent Form

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 electronic communications sent to/from VASAP may contain personal 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 phones, tablets, laptops, 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: \_\_\_\_\_