

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

Intake Appointment Information

(Please Read and complete all information except for the intake appointment date and time.)

Name: _____
Last First Middle (Full) Suffix

DL#: _____ State License _____

Gender (circle one): Male/Female Date of Birth: _____ Ethnicity: _____

Address: _____

City: _____ County: _____ State: _____ Zip code: _____

Phone: (____) _____ (____) _____ (____) _____
Home Work Cell

Email Address: _____ @ _____

Please Be reminded

- You are required to be on time for you scheduled intake appointment. If you are going to more that 15 minutes late you will have to reschedule your intake and pay a \$25 rescheduling fee.
- 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 rescheduling fee for all rescheduled appointments including educational classes.
- You are responsible for the \$400 ASAP enrollment fee(\$100 intervention fee included) Payment may be in the form of credit (VISA, Master Card or Discover), however there is a \$2 service fee for each payment. Another form a payment are money order or cashiers check made payable to John Tyler ASAP
- CASH and PERSONAL 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 completions, your attendance to this appointment and all future appointments and classes are mandatory.

I have read and understand the above condition

Client signature: _____ Date: _____

Scheduled Intake

To be completed by Enrollment Coordinator

Your intake appointment has been scheduled for _____ A.M/P.M

On _____, _____, 20____.

Your appointment will be conducted in the Henrico/Chesterfield office. Please be on time and available for a ____ hour window for your appointment.

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 am responsible for making my case manager aware of any other changes that might affect my ASAP participation. _____

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 Administrative and Pre-Enroll 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, if applicable, 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 noncompliance 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, if under the court's jurisdiction. I further understand that if I am enrolled to satisfy a DMV requirement that my noncompliance will 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 re-instated. 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.

Offender Name (*print*)

Offender Name (*signature*)

Date

John Tyler ASAP

ALCOHOL SAFETY ACTION PROGRAM

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



WWW.JTASAP.COM

CHESTERFIELD OFFICE
4211 Old Hundred Road
Chester, Virginia 23831
(804) 914-2181

Orientation Video Agreement

I, _____, certify that I have viewed the VASAP orientation
video at: jtasap.com.

Client Signature: _____

Date: _____

Virginia Alcohol Safety Action Program

Intake Questionnaire

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

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

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

Driver's License Number: _____

Date of Birth: _____

Email Address: _____

Medical History

Medical Conditions: _____

Prescribed Medications: _____

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

Previous detoxification or medical attention due to substance use disorder? ☐ 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 conviction)

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

Underage Possession of Alcohol ☐ Yes ☐ No How many? _____

Drug Offenses ☐ Yes ☐ No. How many? _____

Other criminal traffic convictions (such as Reckless Driving) ☐ Yes ☐ No ☐ If yes, how many?

List Charges

Do you have any pending charges? ☐ Yes ☐ No

List pending charges, if applicable

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

Name of probation agency _____

Name of probation officer _____

About your Current Referral

What was your original charge/offense ?

Date of original charge/offense: _____

For what offense were you convicted? _____

Court of Conviction _____

Date of conviction: _____

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

How much did you drink/use that day? _____

Did you have a crash 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 within the last six months:

☐ Marijuana (for DUID cases and Young Offender cases charged with Marijuana)

☐ Cocaine ☐ Heroin ☐ Amphetamines

Do you have a substance use disorder? ☐ Yes ☐ No

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 you had any...

Previous Alcohol/Drug Education? ☐ Yes ☐ No If yes, where _____

When: _____

Previous Alcohol/Drug Treatment? ☐ Yes ☐ No If yes, where _____

When?: _____

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

When? _____

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

Print Name: _____

Signature: _____

Date: _____

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Ignition Interlock Request for Installation Form

Full Name: _____

(First)

(Middle)

(Last)

(Suffix)

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

Mailing Address: _____

(Street)

(City)

(State)

(Zip Code)

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

Email Address: _____ @ _____

Referral information:

VASAP Office Use Only Referral Type (Court) or (DMV)

Ignition Interlock Vendor: ___ Draeger/Roadguard ___ Life Safer ___ Smart Start

Length: _____ months

Offense Date: ___ 1st ___ 2nd ___ 3rd Camera: Mandatory

Court Jurisdiction: _____

Offense Date: _____ Conviction Date: _____ Pre-enroll: Yes/ No

Alcohol Determination Method (circle one): Blood Breath Refusal DUI-Drug

Reason for Stop (circle one): *Accident *Checkpoint Detail *Citizen Alert *Erratic Driving
*Texting *Speeding *No Headlight *Expired Inspection/Registration *Failure to Obey Highway Sign
*Disability Vehicle/ Welfare Check *Domestic Disturbance *Other

Vehicle Information:

Vin: _____ Make: _____ Model: _____ Year: _____

Tag: _____ Hybrid: * Yes *No Push Start: *Yes *No Is Registered Owner same as client? *Yes *No

If no (Owner's Written consent Required)

Owner's First Name _____ Middle Name _____ Last Name: _____

Ignition Interlock Participation Agreement

www.vasap.virginia.gov

Participant Information

Driver's License Number

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State of Issue

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First Name:

Middle Name:

Last Name:

Address:

City / Zip

Phone Number:

Date of birth:

Email address:

Agreement

By signing below, I acknowledge that I have reviewed and agree to abide by the terms of the VASAP Ignition Interlock Participation Agreement and all laws related to the Virginia Interlock program published in the Virginia Code.

All VASAP ignition interlock participants are required to abide by the following conditions:

1. 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. _____
2. Both court-ordered and DMV administrative interlock clients are required to complete enrollment with a local ASAP to open a case for ASAP interlock monitoring services. _____
3. For DMV administrative interlock cases, the ASAP interlock monitoring fee is \$50 per month. The ASAP will not successfully satisfy any interlock requirement with the DMV in which the ASAP fee balance is not paid in full. Clients who have an ASAP fee balance 60-days or more in arrears are subject to having their interlock monitoring services terminated by the ASAP. _____
4. Clients under any ignition interlock requirement must notify the ASAP immediately if they register or title a new vehicle. The new vehicle must have an ASAP approved interlock device 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 a DUI 1st conviction where the client intends to operate the vehicle. Failure to install ignition interlock on all required vehicles may result in a DMV license suspension, an interruption in client eligibility to earn installed interlock credit, or the loss and reset of all previously accrued installed interlock credit. The client will not be eligible to begin earning installed interlock credit until an interlock is installed on all required vehicles and the client is once again in a compliant status with Virginia DMV ("Licensed" for Virginia drivers, "Not Licensed-No Fees Owed" for out of state license holders). _____
5. Court-ordered ASAP clients seeking an exemption 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. If an employer exemption is granted within a restricted license issued by the Court, the client is still required to install an interlock in a personal vehicle, achieve proper licensure with Virginia DMV, and achieve compliance with their home state of licensure to satisfy the requirement. If approved by the court, ASAP clients, and their employer, must complete the VASAP Ignition Interlock Program Employment Exemption Application in full and promptly return it to their servicing ASAP. _____
6. The Court-ordered interlock device must be installed within 30 days of the effective date on the DC-266 Ignition Interlock Order Form. The interlock device must be calibrated at least every 30 days per Virginia Code 18.2-270.1. _____
7. ASAP clients installing 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. The document must be notarized unless the owner of the vehicle will be present at the installation appointment. _____
8. ASAP clients are not permitted to change interlock vendors after device installation unless approved by the Commission on VASAP. _____

9. Installed ignition interlock credit for court-ordered interlock clients cannot be earned if a client has a suspended, revoked, or not eligible status with Virginia DMV or their home state of licensure. ASAP clients under a court-ordered interlock requirement must comply with all terms of the court-issued restricted license order (DC265) and all licensing requirements of the DMV to earn installed interlock credit. ____
10. The court-issued restricted license order (DC265) document shall expire 60 days from the effective date on the originally issued order unless accompanied by a valid hard copy license from Virginia DMV. Driver's licensed in another state at the time of the Virginia DUI conviction must also meet the 60-day compliance requirements with Virginia DMV by achieving a "Not Licensed-No Fees Owed" status with the Virginia DMV and by obtaining a valid hard-copy picture driver's license from their home state of licensure. ____
11. Installed ignition interlock credit for DMV administrative clients cannot be earned if a client has a suspended, revoked, or not eligible status with Virginia DMV or their home state of licensure. In addition, ASAP clients under a DMV interlock requirement, cannot begin to earn installed interlock credit until the date they obtain a valid, hard copy picture driver's license from the Virginia DMV. Clients licensed another state must comply with all requirements of the Virginia DMV for out-of-state drivers, by achieving a "Not Licensed-No Fees Owed", status with the Virginia DMV and obtaining a valid hard-copy picture driver's license from their home state of licensure before they can begin earning installed interlock credit. ____
12. For all installed ignition interlock clients, failure to maintain compliance with DMV requirements in Virginia, and in your home state of licensure, can result in a suspension of license and an interruption of earned installed ignition interlock credit. Clients will begin earning installed ignition interlock credit once they have complied with all outstanding requirements of the DMV in Virginia and their home state of licensure. The days of ineligibility to earn installed ignition interlock credit will be tolled upon the end of the initial required term of ignition interlock. ____
13. ASAP clients, while in proximity of the ignition interlock, are required to avoid substances which may contain alcohols and avoid using any substances, whatsoever, other than water, within 15 minutes prior to providing a breath test into the interlock device. In addition, all smoking substances should be avoided while using the ignition interlock to prevent potential damage to the fuel cell. ____
14. Breath test readings above the fail point of 0.02%, and 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 second breath sample provides the ASAP with additional information to determine if the failed, or skipped, breath test was due to consumed alcohol. ____
15. ASAP clients are solely responsible for all activity on the interlock device. The photos collected by the camera installed in the vehicle may be used to prove otherwise. All situations in which the person providing a breath sample on the device, or the device itself, are not clearly visible and identifiable in the photos captured by the interlock camera will be considered interlock violations. ASAP clients who permit another person to supply a breath test on the interlock device, in an attempt to start the vehicle on behalf of the client or an attempt to clear a violation breath sample given by the client, violate Virginia Code 18.2-270.1. The client and any involved parties may be charged with a Class 1 misdemeanor. ____
16. If requested, ASAP clients are required to submit formal documentation from any vehicle maintenance or 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. ____
17. 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. ____
18. ASAP clients agree that ASAP is the custodian of record of ignition interlock reports generated from the interlock device data contained in the interlock provider's server, which is made at or near the time of the occurrence of the event(s) set forth therein, and that such reports and records are kept in the ordinary course of regularly conducted business activity of monitoring ASAP interlock clients, and that such records are made by ASAP caseworkers as a regular practice in monitoring a client's compliance with the interlock. ____
19. ASAP clients are required to complete their final calibration on or after their interlock compliance end date. No interlock device shall be removed without ASAP authorization. ____
20. These conditions and terms will remain in effect until successful completion of all court and/or DMV ignition interlock requirements. By signing below, I acknowledge that I have received a copy of and understand all conditions and information contained in this Ignition Interlock Participation Agreement. ____

Notice

The Virginia Alcohol Safety Action Program (VASAP) collects the information on this form for identification purposes, to enroll you in the Virginia Alcohol Safety Action Program. You are not legally required to complete this form. You can refuse; however, VASAP cannot enroll you in the Ignition Interlock program. Program participants are subject to the terms and conditions set forth in this form. For Program enrollees, violations of the conditions outlined in the Program Guidelines may result in consequences including, but not limited to, an extension of time on the program, a return to court non-compliant, a referral for a treatment assessment, and/or termination from the program. VASAP will not share this form with other entities; however, through the program, VASAP collects driver's information that may be released to the following: state and federal enforcement agencies; licensing boards and agencies; state and federal courts; law enforcement agencies and prosecutorial authorities; persons and entities named pursuant to a court order; and any other person or entity authorized by state or federal law.

Signature

Date

John Tyler ASAP

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DMV Administrative Enrollment & ASAP Interlock Monitoring Fees

Clients are required to enroll with the local ASAP in order to begin ASAP interlock monitoring services for a DMV interlock requirement. The enrollment requirement applies even in cases where a client is transitioning from a court interlock requirement to a DMV administrative interlock requirement at the expiration of the restricted license order. Enrollment requires that the client sign the Commission on VASAP "Authorization for Release of Confidential Information Form" and provide an updated (within past 30 days) "DMV Compliance Summary".

The ASAP is permitted to charge a \$50 per month ignition interlock monitoring fee. This \$50 per month service fee begins the day you enroll with the ASAP as a DMV administrative interlock requirement or the date of your restricted license expiration, if originally court ordered. Service fees that become 60 days overdue will result in unsuccessful closure of your case and a suspension of your driver's license through the Virginia DMV. If this occurs, you will be required to re-start the DMV administrative interlock requirement interlock requirement after paying all outstanding ASAP monitoring fees.

By signing below, I acknowledge that I understand and agree to abide by all requirements stated.

Signature: _____

Date: _____

John Tyler ASAP

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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, DC266, DC269) 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 license 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.

Signature _____ Date: _____

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - GENERAL

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): _____

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.

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: _____