

RAASAP ENROLLMENT FORM

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

Email Address: _____

Age: _____ **Sex:** _____ **Race:** _____

Level of Education: _____

Are You Employed? (Circle one) YES NO

Occupation: _____ **Annual Income:** _____

Name of Employer: _____

Marital Status: _____ (Single, Married, Divorced, Separated)

Significant Other's Name: (if applicable): _____

Number of Marriages: _____

Number of Children: _____

If Applicable:

Military Status: _____ Active _____ Honorable Discharge _____ Dishonorable Discharge _____ Other

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

Probationer 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: _____

RAPPAHANNOCK AREA ALCOHOL SAFETY ACTION PROGRAM (RAASAP)

5608 SOUTHPOINT CENTRE BLVD. SUITE 100

FREDERICKSBURG, VA 22407

(P) 540-645-6310 (F) 540-645-6304

RAASAP OVERVIEW AND FEE POLICY

You have been referred by the Court to the RAASAP office. Participation in the program is directed by court order and must be completed as part of your suspended sentence. Your probation period is for the time frame of your license suspension.

Per VA Code 18.2-271 (E), no restricted license can be issued until the defendant is enrolled in a certified Virginia Alcohol Safety Action Program. If you wish to enroll prior to your intake appointment, you will need to appear at the office and request an “enrollment only” appointment. A minimum payment of \$400 towards your Service and Intervention Fees is requested at the time of this appointment. At this time, your interlock referral will be sent to the vendor you choose, and you will be given an appointment to return for your intake appointment. **Failure to appear for your scheduled intake appointment will result in your enrollment being removed from the DMV system and your restricted license will no longer be valid.**

Intervention Services: In addition to the probation supervision and monitoring provided by your case manager, you will be referred to intervention services. Your classification at your intake will either be Intensive Education or Treatment Assessment. You are responsible for costs and fees associated with the following intervention services:

- **Intensive Education Services:** includes 10 hours of alcohol and drug education. This class consists of 2-hour weekly sessions for 5 weeks. The enrollment fee and intervention fee must be paid in full prior to your 3rd class.
- **Treatment Services:** includes a referral to a state approved licensed treatment provider for a treatment assessment and following all recommendations. In addition to the required treatment assessment, you will be required to attend 8 hours of DUI education at the RAASAP office. DUI Education consists of 2-hour weekly sessions for 4 weeks. The enrollment fee and intervention fee must be paid in full prior to your last class.

Missed Appointment Fee: If you fail to attend an appointment, a \$25 fee is applied to your account. Intake cannot be rescheduled without a valid excuse and approval. Failure to appear for your scheduled intake appointment could result in your case being returned non-compliant to the Court. If returned non-compliant, you would need to show cause why you should not receive any suspended jail time received at your original conviction. Being returned to Court could also result in immediate revocation of any restricted privileges previously granted. It is important to remain in contact with the RAASAP office throughout your probation. Any changes in address, phone number, or email address will need to be updated with our office immediately. Failure to do so could result in you not receiving notification of an upcoming appointment and ultimately being returned to the Court non-compliant.

Payment Methods: The RAASAP office does not accept cash. Payments can be made online using a credit/debit card at www.raasap.com or you can pay in-person with a credit card, money order, or cashier's check. Payment can be made via your portal using this link <https://vasap.virginia.gov/asap-client-portal/>. Your login is your phone number (no dashes) or email. Hit forgot password to create a new one. **Do not** create a new portal as one has already been set up for you.

Office hours to make payment:
Monday - Friday 8:30 AM – 4:00 PM
We are closed on all state holidays!

Payment Due in Full Prior to Intake: The following services require payment in full prior to being scheduled: Reckless Driving, Boating under the Influence, Multiple Offender Evaluation, Pre-enrollment, DMV/Administrative cases, and Intervention Interview. Any waiver of fees as directed by the Court will only apply to enrollment fees and not to the intervention fees and must be noted on the court order.

Refund Policy: VASAP services are user funded. No tax dollars fund the VASAP system. All RAASAP fees are non-refundable. Any unpaid/delinquent fees are subject to the Virginia Debt Set-Off Program and may be withdrawn from future tax refunds.

Case closure: If a balance is owed at the time of your case being closed, your completion of VASAP will not be reported to the DMV and you may be required to pay to reopen the case in the future to have your completion transmitted to the DMV. If you were returned to court non-compliant and not ordered back to the program, you are still required to pay any unpaid balance in addition to fees that will be required to open a new DMV/administrative case(s). The enrollment and intervention fee are assessed at the time of your initial enrollment regardless of whether you complete the program or not and is not refundable.

PROGRAM FEES

| <u>SERVICE</u> | <u>FEE AMOUNT</u> |
|---|--|
| DUI/DUID/Reckless Driving/BUI/Drug Offender/Multiple Offender (restoration granted) | \$300.00 |
| Young Offender (Underage Possession) | \$150.00 |
| License Restoration Evaluation | \$175.00 |
| Pre-Court Evaluation | \$175.00 |
| Intervention Services (education class) | \$100.00 |
| Rescheduling Intervention Services | \$25.00 |
| Reinstatement Appointment | \$25.00 |
| Monitoring (after 1 st year) | \$30.00 per visit |
| Electronic Monitoring (Interlock Monitoring) | \$50.00 per month (once VASAP probation ends) |
| Re-assessment | \$300.00 |
| Re-entry (within the first year) | \$50.00 |
| Re-entry (after the first year) | \$300 |
| Bond Supervision / Pre-trial | \$50.00 per month |
| Reckless Aggressive Driver Education Program (RADEP) | \$125.00 (not currently offered at RAASAP) |
| Intervention Interview | \$30.00 |
| <u>ADMINISTRATIVE FEES</u> | <u>FEE AMOUNT</u> |
| Alcohol Urine Screen (ETG) | \$25.00 |
| Drug Urine Screen | \$25.00 |
| Drug Screen Laboratory Cost (if positive) | Varies/Billed the amount the lab charges |
| Make-up Missed Education Class | \$25.00 |
| Missed Appointment / Reschedule Fee | \$25.00 |
| Victim Impact Panel | \$25.00 (not currently offered at RAASAP) |
| Copies | \$1.00 (1 st page) and \$.50 (each page thereafter) |

Probationer's Signature

Date

Case Manager Signature

RAPPAHANNOCK AREA ALCOHOL SAFETY ACTION PROGRAM (RAASAP)
PARTICIPATION AGREEMENT FOR COURT-ORDERED AND ADMINISTRATIVE CASES

The court has placed you on probation beginning with your date of conviction. ASAP participation requires active participation on your part. By enrolling you agree to the following:

1. While participating in RAASAP, I am under the jurisdiction of the court of conviction, which holds discretion in re-imposing all or some portion of the suspended sentence in my case. If I am compliant, I will not need to return to court unless directed. If I am non-compliant, the court is provided with specific details regarding the alleged violation of probation.
2. The RAASAP case manager assigned to me will supervise my probation and monitor my progress and participation in RAASAP. My case manager may require periodic meetings at the RAASAP office, and I agree to do so as required. If I have any questions concerning my participation in RAASAP, I will immediately contact my case manager. I understand that my participation in RAASAP will involve a commitment of my time and will not be solely at my convenience.
3. As part of probationary services, RAASAP will provide the court with any necessary reports concerning my intake, my involvement and participation in assigned alcohol education classes and assigned substance abuse treatment counseling programs, or non-compliance.
4. The RAASAP fee for probation, supervision, and monitoring is \$300.00 and the RAASAP fee for education services is \$100.00. I agree to pay for these services and will be removed from DUI education classes if my balance is not paid 48 hours before my third class (Intensive Education) or fourth class (treatment). Should I be referred to any substance abuse counseling or treatment program, I agree to pay the cost of those services. I understand that I am required to adhere to any stipulations set forth by the education and/or treatment program as it relates to my need for services.
5. **My use of alcohol, marijuana, or any illicit substances or mood-altering drugs is prohibited for the duration of my probation per the applicable court of jurisdiction. I may only take medications that require a prescription that manage pain, mood or behavior that are prescribed to me and have an active prescription for and will provide a copy of this prescription to my case manager to keep on file. ASAP staff and instructors (including staff of referring agencies) will conduct breath and urinalysis screening tests. I agree to participate in such tests and pay any fees I incur as a result of these tests. I understand that a positive reading may result in my case being returned to court as non-compliant. INITIAL: _____**
6. **I understand that it is my responsibility to report any changes in address, phone number, or employment to my ASAP case manager. I also understand that such changes must be reported in writing. If I plan to move to another state, I must make an appointment with my case manager before moving to coordinate out-of-state probation requirements. Failure to update my address or phone number may result in my case being returned non-compliant. INITIAL: _____**
7. I understand that I must attend all scheduled group and individual counseling sessions to which I am assigned. I will be on time for all sessions. Attendance at the first RAASAP class is mandatory and if I miss the first class of a group, I will be dropped from that class and scheduled for a case review with my case manager to be placed into another group. I acknowledge that

attendance alone will not satisfy the requirements for successful completion of any program. I agree to actively participate in the group meetings and examine my behavior regarding both alcohol/drug consumption and alcohol/drugs as it relates to driving and take responsibility for my behavior.

8. The group leader will report information about my attendance and participation to my case manager every week. At the end of group, the leader will provide the case manager with a final evaluation of my participation. Failure to actively participate or control my behavior will result in being removed from group.
9. **Absenteeism from education groups will be excused only for emergency situations. Emergency situations are defined as: injury or illness which must be verified in writing by a physician, or unexpected demands by my employer with must be verified in writing by my supervisor on company letterhead. I must have prior approval from the case manager for a planned class absence. If I miss a scheduled group meeting or counseling appointment even though I have notified the case manager by phone, my absence will not be excused until the case manager has received in writing the reason for missing the group or counseling session. I understand that the written explanation must be received by the case manager no later than the day prior to the next group meeting. I also agree to meet with my case manager prior to the next group session to arrange for a makeup session if necessary. Failure to follow the above procedures for an absence will result in my being removed from that group and restarted in a new group. INITIAL: _____**
10. I understand that while on probation, an arrest for any moving violation, alcohol- or drug-related misdemeanor or felony, or subsequent DUI must be reported to the case manager within three (3) working days from the arrest. Any alcohol- or drug-related arrest will likely result in my case being returned to court as non-compliant for judicial review.
11. At my intake interview, I am required to provide the case manager a full disclosure of any previous arrests, especially alcohol- or drug-related. Failure to so do will result in either a re-assessment of my classification or being returned to court non-compliant.
12. The identity of other group members and any personal information shared during group sessions is confidential and may not be disclosed to anyone without written permission from all parties that it pertains to. Phones are to be turned off during group sessions. Use of phones during group sessions will result in immediate removal from the group and RAASAP premises at the instructor's discretion. These activities are governed under CFR 42.2 and carries a fine of \$500 for the first offense and \$5,000 for any subsequent infraction.
13. Failure to satisfy any of the previously stated terms of this agreement will result in my case being returned to the referring jurisdiction as non-compliant for appropriate action.

Date

Client Signature

Date

Case Manager Signature

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 I am required to comply fully with all requirements, conditions, and mandates as established and enforced by the local Alcohol Safety Action Program. _____

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

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: _____

RAASAP
MISSED INTAKE FEE AGREEMENT

**I ACKNOWLEDGE THAT I HAVE BEEN INFORMED THAT IF I FAIL TO BE
AVAILABLE FOR MY SCHEDULED PHONE INTAKE TIME OR IF I FAIL TO
APPEAR FOR MY IN-PERSON INTAKE APPOINTMENT,**

**I WILL BE CHARGED A \$25 RESCHEDULING FEE AND I MAY BE SUBJECT TO
BEING RETURNED TO THE COURT NON-COMPLIANT.**

**I ALSO ACKNOWLEDGE THAT IF I ATTENDED AN ENROLLMENT ONLY
APPOINTMENT IN ORDER TO GET MY INTERLOCK INSTALLED AND I DO NOT
ATTEND MY SCHEDULED INTAKE, MY ENROLLMENT WILL BE REMOVED IN
DMV WHICH WOULD CAUSE MY LICENSE TO SHOW AS REVOKED/SUSPENDED.**

DATE: _____

PRINTED NAME: _____

SIGNATURE: _____

DUI EDUCATION AGREEMENT

1. I agree to attend the DUI Education Classes each week. Attendance for the **first class is mandatory**. Failure to attend will result in removal from the class and re-enrollment in the next available class. In addition, a \$25 rescheduling fee will be charged.
2. I understand that absence from class will only be excused once I make contact with my case manager. In addition, I agree to provide the necessary documentation for my absence if requested to do so. I further understand that I will be placed in a make-up class and must attend prior to my next group session. This will be scheduled by my case manager. The date and time of the **make-up class is not flexible**, and you must be present to remain in the group. **I also understand that I will be charged a \$25 missed group fee which must be paid prior to attending the make-up class.** Additionally, I understand that more than one absence will result in removal from the class, and I will have to re-enroll in a new class. Failure to follow the above procedures for a class absence may result in being returned to court for non-compliance.
3. I understand **I must be on time for class each week** and I should bring a pen/pencil with me. The instructor will provide my case manager with the final report upon completion of class. The final report is not always immediately available to the case manager. If my case is due to be closed upon completion of class, the completion of VASAP may not be entered into DMV immediately. I agree to contact my case manager for status, if needed (email is best).
4. I agree not to attend the class under the influence of alcohol and/or drugs. I understand that I am here for the purpose of looking at alcohol/drug related behavior. I further understand that I am required by the Court to **remain abstinent for the duration of my probation** to better understand the reasons for my consumption of alcohol/drugs and the behavior accompanying said consumption. Additionally, I understand that I may be screened for recent drug and alcohol use when I arrive for class.
5. I agree to actively participate in the class, to look at my own behavior, and to take responsibility for my behavior. If I am a disruption to the class, the instructor has the discretion to remove me from the class and my case manager will be notified.
6. **I understand while I am in the RAASAP building and during class ALL ELECTRONIC DEVICES MUST BE TURNED OFF. This is to protect everyone's privacy.**
7. I agree to inform my ASAP Case Manager of any changes in the following: address, phone number, email, new alcohol/drug related charges, or any other change which might affect my ASAP participation.
8. I understand I have an agreement to pay all VASAP fees. All fees incurred must be **paid in full 48 hours prior to the final class session. Failure to pay will result in removal from the class.**
9. I understand it is my responsibility to check the website (www.raasap.com) or listen to B101.5 for any changes or cancellations to class sessions and/or RAASAP office hours.
10. I understand that the restrooms are not available after 4:00 pm and that I am not allowed beyond the classroom doors.

If I fail to satisfy any of the terms of this agreement, I understand I will be referred to my case manager for further evaluation.

Signature

Date

Client's Printed Name

Date of Birth

Group Leader

Name of RAASAP Case Manager

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.

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - INDIVIDUAL

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 following individual(s):

(Full Name)

(Phone Number)

(Assigned Password)

EMERGENCY CONTACT INFORMATION (PLEASE DO NOT LIST YOURSELF)

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.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. 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.

VASAP CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION - TREATMENT

Probationer: _____ **Date of Birth:** _____

I hereby grant _____ consent to exchange information with
(NAME OF ASAP)

_____ for the purpose of verifying compliance with my ASAP
(NAME OF TREATMENT PROVIDER)

requirements and substance abuse treatment.

I understand that this may include the release of treatment information and reports to include my treatment assessment, treatment plan, diagnosis, prognosis, alcohol and other drug test results, and attendance records at treatment sessions.

I further understand that if I am under the supervision of the court, I am authorizing disclosure of such treatment information by the ASAP to the applicable court, commonwealth attorney, and the attorney of record if required.

I further understand that, except as otherwise permitted by this expressed consent, my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 ("HIPAA"), 45 C.F.R., Parts 160 & 164.

This Consent for the Release of Confidential Information shall expire automatically upon termination of my ASAP participation. A copy of this Consent for Release of Treatment 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]