

Lisa Doyle, CRADC #3111

Substance Abuse Professional, Department of Transportation
#20449

AUTHORIZATION FOR RELEASE OF INFORMATION

I hereby authorize Lisa Doyle to exchange information pertaining to the diagnosis, medical care, assessments, urinalysis or alcohol test results, treatment plan and/or attendance of:

Name of Employee

Social Security Number

with the Medical Review Office, medical and clinical staff. This information is required for the purpose of clinical review for determining eligibility of this employee to return to duty.

I, the undersigned employee, understand that the Medical Review Office (MRO) and staff certify that these records released to the MRO's office will be used in the administration of the Return-to-Duty/Follow Up Program and/or for obtaining relevant medical information related to the drug testing review function of this office. I also agree that information obtained from this release can and will be shared, if necessary, with confidential personnel in the Employer Alcohol and Drug Program, to determine:

- Compliance with treatment and aftercare recommendations
- Status of attendance
- Treatment completion and fitness for return to work

Print Name/Signature of Employee

Date

Lisa Doyle/

Print Name/Signature of Witness

Date

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STATEMENT OF UNDERSTANDING AND RELEASE

Related to Department of Transportation's (DOT) SAP return-to-duty process
This service is provided to address the substance abuse issues that affect public safety under 49 CFR Part 40; Subpart O—Substance Abuse Professionals and the Return-to-Duty Process.

Lisa Doyle agrees to provide to Client a comprehensive Substance Abuse Professional (SAP) assessment and needed case management in accordance with 49 CFR Part 40; Subpart O—Substance Abuse Professionals and the Return-to-Duty Process, and the Client releases the SAP to provide to all written evaluations and reports to DER's in the case, and to retain all records of the SAP process on the Client's behalf; until such consent and release may be withdrawn by the Client in a written notice. If it is not your employer's policy to pay for SAP evaluation services, you are financially responsible to do so. All expenses that arise from treatment and/or education, as recommended by the SAP, will be your financial responsibility, if not covered by your employer. I, acknowledge that Lisa Doyle is my SAP provider and do authorize the SAP to release to all written evaluations and reports on me to persons involved in this case. Further, I authorize and release Lisa Doyle, in her role as my comprehensive Substance Abuse Professional (SAP) case manager, to release relevant information on my case, as I have specifically designed below. Relevant information for which I authorize SAP to release in accordance with DOT Regulations would include:

1. My violation of DOT regulations (prohibited conducts)
2. My drug and/or alcohol test results
3. The Substance Abuse Professional's (SAP) synopsis of my treatment plan
4. The SAP's assessment evaluation and treatment plan
5. Diagnostic information, where applicable
6. Treatment progress reports
7. Program completion information, including discharge summary, if applicable
8. Program involvement dates, attendance reports

Relevant information as it pertains to the SAP and return-to-duty process may be released to: SAP: Treatment/Education Provider: EAP: all Appropriate Personnel DER (Designated Employer Representative): C/TPA: MRO (Medical Review Officer): Managed care, insurance carrier, HMO: Other: Other: The purpose of the exchange of information is to comply with DOT requirements that must be met before I may take a Return to Duty drug and/or alcohol test and prior to being considered for returning to the performance of safety-sensitive functions under DOT regulations. I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol

and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed outside of the above list of Service Agents and Providers without my written consent unless otherwise required by law, or provided for under DOT regulations. Record Retention Authorization: Lisa Doyle is authorized by me to maintain and retain complete documentation of all SAP cases via comprehensive, detailed case notes and customized forms in accordance this release and authorization. Lawful release of records is permitted under the following conditions: if you pose a clear and imminent danger to self or others, if there is known or suspected child abuse or neglect, if medical records are court ordered by a judge compelling disclosure, when the SAP seeks medical or legal consultation, if the SAP is to make case records available, on request, to DOT agency representatives and/or representatives of the National Transportation Safety Board in an accident investigation.

Signature of client: _____

Date: _____

NOTIFICATION OF NO REFUND FOR SERVICES COMPLETED

By signing this, you understand that there is no refund for the service you are receiving today. You have made an appointment and I have taken my time to complete this for you. You will not be entitled a refund to this fee in the future as this is a packaged deal of the DOT SAP program. If you fail to complete the process or drop out at any point, you understand that no part of the fee will be refunded to you.

Thank you for your cooperation.

Sincerely,

Lisa Doyle

Client: _____

Client Signature: _____

Date: _____

Adapted from the Michigan Alcoholism Screening Test

DIRECTIONS: If a statement is true about you, put a check () in the nearby space under YES. If a statement says something not true about you, put a check in the nearby space under NO. Please answer all of the questions.

	YES	NO
1. Do you consider your drug/alcohol behavior normal?	_____	_____
2. Do you ever experience memory loss or convulsions the day after heavy drug/alcohol use?	_____	_____
3. Does your spouse (or parents) ever worry or complain about your drug/alcohol use?	_____	_____
4. Can you stop using drugs/alcohol without a struggle once you have begun?	_____	_____
5. Do you ever feel bad about your drug/alcohol use?	_____	_____
6. Do friends or relatives think that your drug/alcohol use is normal?	_____	_____
7. Are you always able to stop using drugs/alcohol when you want to?	_____	_____
8. Have you ever gone to Alcoholics Anonymous or Narcotics Anonymous, or other self-help groups for your drug/alcohol use?	_____	_____
9. Have you ever gotten into fights while using drugs or alcohol?	_____	_____
10. Has drug/alcohol use ever created problems with you and your spouse (or parents)?	_____	_____
11. Has your spouse (or family member) ever gone to anyone for help about your drug/alcohol use?	_____	_____
12. Have you ever lost friends, or girlfriends or boyfriends because of your drug/alcohol use?	_____	_____
13. Have you ever gotten into trouble at school or at work because of your drug/alcohol use?	_____	_____
14. Have you ever lost a job (or been suspended or expelled from school) because of your drug/alcohol use?	_____	_____
15. Have you ever neglected your obligations, family, and work or school for two or more days in a row because you were using drugs/alcohol?	_____	_____
16. Do you ever use drugs/alcohol before noon?	_____	_____
17. Have you ever been told that you have liver trouble?	_____	_____
18. Have you ever had seizures, severe shaking, heard voices, seen things that were not there or felt out of control and panicky after heavy drug/alcohol use?	_____	_____
19. Have you ever gone to anyone for help about your drug/alcohol use?	_____	_____

20. Have you ever gone to a hospital because of your drug/alcohol use? _____
21. Have you ever been a patient in a psychiatric hospital or on a psychiatric ward, or a general hospital where drug/alcohol use was part of the problem? _____
22. Have you ever been seen at a psychiatric or mental health clinic, or gone to a doctor, social worker or clergyman for help with an emotional problem in which drug/alcohol use played a part? _____
23. Have you ever been arrested (even for a few hours) because of behavior related to your drug/alcohol use? _____
24. Have you ever been arrested for driving while intoxicated? _____

Disclaimer:

“The Genetic Information Nondiscrimination Act of 2008 (GINA) prohibits employers and other entities covered by GINA Title II from requesting or requiring genetic information of an individual or family member of the individual, except as specifically allowed by this law. As defined by GINA, “Genetic information” includes an individual’s family medical history, the results of an individual’s or family member’s genetic tests, the fact that an individual or an individual’s family member sought or received genetic services, and genetic information of a fetus carried by an individual or an individual’s family member or an embryo lawfully held by an individual or family member receiving assistive reproductive services.” **To comply with this law, we ask that you not provide any genetic information when responding to this request for information.**

If doing asi:

mothers first name: _____

last name at birth: _____

city born in _____

gender _____

years at residence _____

own or rent? _____

Email address: _____

Phone Number: _____