

CLIENT INFORMATION

Name _____
First Name Middle Initial Last Name

Date Registered _____

Program Date _____ **Age** _____ **DOB** _____ **Sex** _____ **SSN** _____

Address _____

City _____ State _____ Zip _____ County _____

Home Phone _____ Work Phone _____

Prescribed Medications: _____

All prescription medication is required to be surrendered in the original, labeled, containers which will be made available to you at the prescribed times. Any over-the-counter medication must be in a new, unopened package (i.e., aspirin, cold tablets, vitamins).

Non Prescribed Medications: _____

Special Diet Needs: _____

Known allergies/Food reactions: _____

Special Medical Needs: _____

Primary Care Physician: _____

Pregnancy Status: _____ Smoker: _____

Prior Alcohol/Drug treatment _____ When/Where _____

EMERGENCY CONTACT INFORMATION

Name _____ PHONE _____

Address _____ Relationship _____

LEGAL INFORMATION

Ordering Court _____ Case Number _____

Breathalyzer Results _____ Attorney _____

Drivers License Number _____ State _____

CHECK ONE: _____ 2-Point credit; you must have between 5-11 points on your record at time of the course
_____ 12-Point suspension; you must have received your notice from the state

FOR OFFICE USE ONLY

<i>Weekend Attending</i>	<i>Staff Initials</i>	<i>Recommended</i>
<i>BP</i>	<i>Pulse</i>	<i>CIWA</i>

AUTHORIZATION TO DISCLOSE INFORMATION

[3793:4-1-02 (FF)(3)]

Name of Client: _____ Date of Birth: _____

The following programs are authorized to: disclose, receive or exchange information as noted below.

Safety Council of Northwest Ohio 72 Hour DIP Program

Program Authorized to Make Disclosure

Authorized Individual/Organization to Whom Disclosure is Made

Purpose of Disclosure: to coordinate treatment, to gather assessment information for treatment planning, to gather information for ongoing treatment, other purposes [specify]

Type of Information to be Disclosed: progress notes, diagnostic assessment information, progress in treatment, lab results, urine testing, attendance, HIV/AIDS testing or status pregnancy testing, prenatal care, diagnosis, information on mental illness and/or treatment, other information (specify)

Amount of Information to be Disclosed: information covering the previous three months, information covering the most recent admission, other amount of information [specify]

Signature and Date of Client or Other Person Authorized to Permit Disclosure

Signature and Date of Staff or Witness

Revocation: This authorization is subject to written revocation at any time except to the extent the program or person who is to make the disclosure has already acted in reliance on it.

I hereby revoke consent _____
Client Signature and Date

Signature and Date of Person Witnessing Revocation

This authorization expires (specify event, date and/or condition) _____

Prohibition Against Re-Disclosure: This information has been disclosed to you from records protected by Federal confidentiality rules. 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 C.F.R., Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The Federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. (These conditions apply to every page disclosed and a copy of this authorization will accompany every disclosure.)

**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL**

[3793:4-1-02 (FF)(3)(a)]

I, _____, hereby consent to communication between
(Name of defendant)

_____ and _____
(Alcohol/drug treatment program) (Court, probation, parole and/or other referring agency)

The purpose of and need for the disclosure is to inform the criminal justice agency(ies) listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and

I understand that this consent will remain in effect and cannot be revoked by me until:

_____ there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

_____ (Specify other time when consent can be revoked and/or expires)

I understand that 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 (AHIPAA@) , 45 C.F.R. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that recipients of this information may redisclose it only in connection with their official duties.

I understand that generally **Safety Council of Northwest Ohio 72 Hr. DIP Program** may not condition
(Insert name of program)
my treatment on whether I sign a consent form, but in certain limited circumstances I may be denied treatment if I do not sign a consent form.

Dated: _____
(Signature of defendant/patient)

(Signature of parent, guardian or authorized representative if required)

MEDICAL TREATMENT

Printed Name

In the event of a medical emergency, I, _____, hereby give consent to (1) the administration of emergency medical treatment; (2) the administration of emergency medical treatment deemed necessary by a doctor, hospital, or other healthcare provider; (3) the transfer of myself to any hospital reasonably accessible, as may reasonably be deemed necessary for my welfare.

By signing this form, I acknowledge that I have read, understand, and agree to appropriate medical treatment, if necessary.

Signature

Date

DAILY SCHEDULE**Thursday (Day One)**

5:00 p.m.	Arrival at the Baymont Hotel meeting room
5:00 – 6:30 p.m.	Registration, room assignments, search of belongings & person
6:30 – 7:30 p.m.	Lecture – ground rules, orientation and overview of the program
7:30 – 9:00 p.m.	Testing & Lecture – “What to expect from the individual screening”
9:00 – 11:00 p.m.	Introductory Group/snack
11:00 p.m.	Sign In and Bed Check

Friday (Day Two)

7:00 – 7:30 a.m.	Monitor Wake up/Sign In
7:30 – 8:00 a.m.	Breakfast in the Baymont Food Court
8:00 – 10:00 a.m.	Activity - What is most important to me? Two types of problems. What would people say? Three questions
10:00 – 10:15 a.m.	Break
10:15 – 10:45 a.m.	Biological Choices Psychological Influences Social Influences What Kind of Person
10:45 – 12:15 p.m.	Alcoholism and drug addiction Body, Brain and Biology Adoption Research/Activity Choices Psychological and social influences
12:15 – 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	Impairment problems High Tolerance/Increasing the risks for impairment
2:00 – 3:30 p.m.	Small Group Discussion “Preventing both Health and Impairment problems”
3:30 – 3:45 p.m.	Break
3:45 – 5:00 p.m.	What is low risk for Alcohol and drugs? Risk relating to Quantity and Frequency
5:00 – 6:00 p.m.	Dinner/Free time
6:00 – 7:30 p.m.	Legal Aspects (Guest Speaker) and discussion

DAILY SCHEDULE (continued)**Friday (Day Two)** *(continued)*

7:30 – 8:30 p.m.	Individual Screenings / Break
8:30 - 9:00 p.m.	Victim's Impact Video: "Drunk Driving, License to Kill"
9:00 - 9:30 p.m.	Reflection and Discussion
9:30 - 11:00 p.m.	Supervised free time / Screenings
11:00 p.m.	Sign in and Bed check

Saturday (Day Three)

7:00 – 7:30 a.m.	Monitor Wake up and sign in
7:30 – 8:00 a.m.	Breakfast in the Baymont Food Court
8:00 – 8:30 a.m.	Preventing/ Biological Risk Factors
8:30 – 10:30 a.m.	Progression/ Phase I and II
10:30 – 10:45 a.m.	Break
10:45 – 12:15 p.m.	Phase III and IV
12:15 – 1:00 p.m.	Lunch
1:00 – 2:00 p.m.	Small Group Discussion – "What my arrest cost me"
2:00 – 3:30 p.m.	Small Group Discussion – "Timeline"
3:30 – 3:45 p.m.	Break
3:45 - 5 p.m.	Making the Risk Real Group Individual Interviews and Screenings
5:00 – 5:30 p.m.	Dinner
5:30 – 7:00 p.m.	Individual Screenings
7:00 – 8:00 p.m.	Video: "The Toll, The Tears"
8:00 – 8:15 p.m.	Break
8:15 – 9:45 p.m.	Social and Psychological support and Groups AA, NA, MADD
9:45 – 11:00 p.m.	Supervised Free time/Snacks
11:00 p.m.	Sign in and bed check

DAILY SCHEDULE (continued)**Sunday (Day Four)**

6:30 – 7:15 a.m.	Wake up, showers, room check out
7:15 – 7:50 a.m.	Breakfast in the Baymont Food Court
8:00 – 9:30 a.m.	Lecture – Remedial Drivers Program #1 – “Pre-trip Safety Issues”
9:30 – 10:30 a.m.	Lecture – Remedial Drivers Program #2 – “Critical Elements”
10:30 – 10:45 a.m.	Break
10:45 – 12:00 p.m.	Lecture – Remedial Drivers Program #3 – “Special Conditions”
12:00 – 12:30 p.m.	Lunch
12:30 – 2:15 p.m.	Lecture – Remedial Drivers Program #4 – “Situational Driving”
2:15 – 2:30 p.m.	Break
2:30 – 5:00 p.m.	Lecture/Discussion – “Application Teams”
5:00 – 5:30 p.m.	Check out preparation, receipt of certificates and letters

**WRITTEN SUMMARY OF
FEDERAL CONFIDENTIALITY LAWS & REGULATIONS
FOR CLIENTS IN ALCOHOL AND/OR DRUG PROGRAMS**

Confidentiality of client records includes the following:

- Program staff shall not convey to a person outside of the program that a client receives services from the program or disclose any information identifying a client as an alcohol or drug services client unless the client consents in writing for the release of information, the disclosure is allowed by court order, or the disclosure is made to a qualified personnel for a medical emergency, research, audit or program evaluation purposes.
- Federal laws and regulations do not protect any threat to commit a crime, any information about a crime committed by a client either at the program or against any person who works for the program.
- Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or Federal authorities.

CLIENT GRIEVANCE PROCEDURE

All grievances must be written, dated and signed by the client or the person filing the grievance on behalf of the client and should include the date, approximate time, description of the incident and names of the individuals involved in the incident/situation being grieved. Grievances should be given to Cheri McEwen, the client rights officer, or Mary Pat Graden, administrator, if not on the premises; the grievance can be given to Pam Moffatt, the program director's secretary. Any program supervisor will assist you in filing a grievance upon your request. Records of client grievances will be maintained for 2 years from the date of resolution and include: a copy of the grievance, documentation reflecting the process used, resolution/remedy of the grievance and documentation, if applicable, of extending the time period for resolving the grievance beyond twenty-one calendar days.

Within three working days of receiving the grievance, program staff will provide the client with written acknowledgment that includes: a) the date the grievance was received, b) a summary of the grievance, c) an overview of the grievance investigation process, d) a timetable for completing the investigation, and notification of the resolution, and e) the treatment provider/contact person's name, address and telephone number. Within 21 calendar days of receiving the grievance the program will make a resolution decision on the grievance. Any exceptions that cause this time period to be extended will be documented in the grievance file and written notification will be given to the client or persons filing grievances on the client's behalf.

At any time clients or persons filing grievances on the client's behalf have a right to file a grievance with any of the organizations listed below. **See list page 2.**

The patient has the right at any time to contact:

**Dennis McMickens,
President and CEO
SAFETY COUNCIL OF NORTHWEST OHIO
8015 Rinker Pointe Rd.
Northwood, OH 43619
(419) 662-7777 ext. 224**

Client Grievance Procedures Outside Agency Grievance List

Required:

Local ADAS or ADAMHS Board
701 Adams Street, Suite 810
Toledo, OH 43624
(419) 213-4235

Ohio Dept. of Alcohol/Drug Addiction Services
(ODADAS)
Two Nationwide Plaza
280 North High St., 12th Floor
Columbus, OH 43215-2537
(614) 466-3445

Ohio Legal Rights Service*
50 West Broad St., Suite 1400
Columbus, OH 43215-5923
1-800-282-9181 or (614) 466-7264
*(Advocacy for the Disabled)

Lisa Simeone, Regional Manager
Office for Civil Rights
U.S. Dept. of Health & Human Services
233 N. Michigan Ave., Suite 240
Chicago, Il. 60601
Voice Phone (312) 886-2359
Fax (312) 886-1807
TDD (312) 353-5693

Optional:

Ohio Department of Mental Health
30 East Broad St., 8th Floor
Columbus, OH 43215-3430
(614) 466-2596

State Medical Board
77 South High Street, 17th Floor
Columbus, OH 43215-6127
(614) 466-3934

Board of Nursing
17 South High St., 17th Floor
Suite 400
Columbus, OH 43215-3413
(614) 466-3947

ODADAS Credentialing Services Unit
Two Nationwide Plaza
280 North High Street, 12th Floor
Columbus, OH 43215-2537
(614) 466-3445

Counselor and Social Worker Board
77 South High Street, 16th Floor
Columbus, OH 43215-6108

State Board of Psychology
77 South High Street, 18th Floor
Columbus, OH 43215-6108

Office of Criminal Justice Services
400 East Town Street, Suite 300
Columbus, OH 43215
(614) 466-7782

Ohio Department of Health
246 North High Street
Columbus, OH 43215
(614) 466-3543

Ohio Civil Rights Commission
1111 East Broad Street, 3rd Floor
Columbus, OH 43205
(614) 466-2785

Ohio Department of Job & Family Services
Office of Fraud Control
30 East Broad Street, 32nd Floor
Columbus, OH 43215-3414
1-800-686-1595

CLIENT RIGHTS

Persons who attend this Driver Intervention Program have the following rights:

1. The right to be treated with consideration and respect for personal dignity, autonomy, and privacy.
2. The right to be informed of one's own condition.
3. The right to be informed of available program services.
4. The right to give consent or refuse any service.
5. The right to freedom from unnecessary physical restraint or seclusion.
6. The right to be advised and the right to refuse observation by others and by techniques such as one-way vision mirrors, tape recorders, video recorders, television, movies or photographs.
7. The right to consult with an independent treatment specialist or legal counsel at one's own expense.
8. The right to confidentiality of communications and personal identifying information within the limitations and requirements for disclosure of client information under State and Federal laws and regulations.
9. The right to have access to one's own client record in accordance with program procedures.
10. The right to be informed of the reason(s) for terminating participation in a program.
11. The right to be informed of the reason(s) for denial of a service.
12. The right not to be discriminated against for receiving services on the basis of race, ethnicity, age, color, religion, sex, sexual orientation, national origin, disability or HIV infection, whether asymptomatic or symptomatic or AIDS.
13. The right to know the cost of services, if applicable.
14. The right to be informed of all client rights.
15. The right to exercise one's own rights without reprisal.
16. The right to file a grievance in accordance with program procedures.
17. The right to have oral and written instructions concerning the procedure for filing a grievance.

In addition to the rights listed above, no person will be denied admission to a program due to their use of prescribed psychotropic medications. This, Client Rights and Grievance Policy will be given to a client at admission, with documentation kept in the client's record, and the policy will be posted at each program site in a place accessible to clients. All staff will receive and review a copy of the client rights and grievance policy and documentation of staff's agreement to abide by the policy and procedure will be kept in their personnel files.

PROGRAM RULES

1. I agree to voluntarily admit myself in a drug and alcohol free state to the Driver Intervention Program and to abstain from drinking any alcoholic beverage or using any form of drug.
2. I agree to attend all scheduled activities and participate in an appropriate manner.
3. No knives, guns, or other weapons, nor alcohol, illicit drugs or drug using paraphernalia are permitted on hotel premises. Any verbal or physical threat to any client, employee or agency visitor will not be tolerated. Any violation will result in immediate discharge.
4. I agree to be responsible for my personal cleanliness and that of the facility.
5. Smoking **NOT** permitted in the classroom. Smoking in unauthorized areas will result in immediate discharge. Chewing tobacco is not permitted. There are no cigarette vending machines. There is limited availability to smoke outside in the designated area. You will have to be escorted by one of the counselors during breaks.
6. No gambling of any type is permitted.
7. Leaving the unit at any time unescorted is cause for immediate discharge.
8. No visitors will be permitted during the Driver Intervention Program.
9. You may bring **only** the following items:
 - a. Personal clothing for your three day stay. Please try to avoid bringing any excess clothing, as there is limited storage. Personal clothing items allowed include: pants, shirts, T-shirts, coat, sweater, jacket, shoes, slippers, shower thongs, bathrobe, pajamas, and undergarments. **NOTE:** Any revealing or alcohol/drug related clothing is **NOT** allowed. Participants are encouraged to dress comfortably for all sessions.
 - b. Two paperback books (newspapers, magazines, bible), writing supplies are permitted to be brought with you. No adult reading material is permitted.
 - c. Up to \$20.00 (in coins or \$1.00 bills) for vending machines.
 - d. One soft plastic comb or pick, electric razor, toothbrush, toothpaste, bar of soap, shampoo, contact lenses and care products, glasses, hearing aids. Other toiletry items are subject to approval. No hairspray, mouthwash, or products that contain alcohol.
 - e. Plastic spill-proof cup to drink from (suitable for coffee).
 - f. Soft cloth gym bag to hold above items. No hard suitcases.

PROGRAM RULES (continued)

10. The hotel will provide linens for your stay. You will be sharing closet space with your roommate. All items brought into the unit will be subject to search and must be kept in designated space.
11. The hotel will not accept incoming phone calls except in cases of emergency. Staff may be reached at 419- . Individuals who are removed from the program or who choose to leave in case of emergency or personal illness will not have their program fees refunded and the sentencing court will be notified. Proof of the emergency is required before rescheduling your program date.
12. If you have special diet needs, you must, upon registration, inform staff of your needs. Special arrangements will be made with the dietary providers.
13. All prescription medication is required to be surrendered in the original, labeled, containers which will be made available to you at the prescribed times. Any over-the-counter medication must be in a new, unopened package (i.e., aspirin, cold tablets).
14. Cars must be parked in the designated area at the back of the hotel lots.
15. You **may not** bring any of the following items:
Gum, knives, radios, tape players, or televisions, and CD players or other electronic equipment.
16. All participants shall abide by confidentiality regulations. This means anytime during or after the program you shall not reveal identities, names, conversations, or personal information about or pertaining to participants of this program to another participant or to anyone outside the program.
17. The fee must be paid in full prior to scheduling a weekend. Any rescheduled program date will result in an additional fee of \$100 that must be paid prior to rescheduling the new date. Changes to the original date must be approved by the referral source. If you do not attend the program within one (1) year of payment, said payment is forfeited and you are required to pay the full fee again.

The Safety Council and the Baymont Hotel will not be responsible for any loss or theft of valuables, or any damage to valuables while on the premises. The Safety Council and the hotel are not responsible for any damage that may result from leaving your car parked here.

By signing this form, I acknowledge that I have read, understand, and received a copy of the above rules.

Signature

Date

Witness

Date

PAYMENT INFORMATION

ALL FEES ARE NON-REFUNDABLE

I have enclosed my payment of:

- \$325 **72 Hour Drivers Intervention Program**
- \$450 72 Hour DIP private room

My method of payment:

- Money Order
- Bank Check **NO PERSONAL CHECKS ACCEPTED**
- Master Card
- Visa

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____

Authorization Code (Last 3 Digits on Back of Card): _____

OR you may pay for this class online at www.scnwo.org, 72 Hr. Program. Print out and fill in the required paperwork and bring it to the Safety Council at least seven (7) days prior to your class date.

CANCELLATION POLICY

A 48-hour cancellation notice is required to change registered dates of attendance. If you fail to attend a scheduled weekend program, or must change your scheduled weekend after the 48-hour time period has expired the registration fee will not be refunded and there will be a \$100 rescheduling fee. We do understand that unusual circumstances arise which may have prohibited you from canceling your appointment or program with advance notice. Please discuss these situations with us and under certain circumstances, we may determine to waive the rescheduling fee. **Please note, if you do need to reschedule, this may be done ONE TIME ONLY.**

I give the Safety Council of Northwest Ohio permission to charge my credit card for the program and amount selected above. I understand that my payment information will be kept confidential. By signing I also acknowledge and understand the above noted cancellation policy.

Client Signature

Date

Printed Name

Date

RECEIPT OF INFORMATION

By signing below I acknowledge the following:

1. I will pay \$325.00 for the Driver Intervention Program.
2. I consent to receive Driver Intervention Program services.
3. I have received a copy of the education curriculum for the Driver Intervention Program.
4. I have received a copy of the Driver Intervention Program rules and/or exceptions.
5. I have received a copy of the program's client right and grievance procedures.
6. I have received a written summary of the Federal Laws and regulations pertaining to the confidentiality of client records as required by 42 C.F.R., Part 2.
7. I have received a copy of the Adult Remedial Course Training Agreement.

CLIENT'S SIGNATURE

DATE