***Court Release – ROI -#1***

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| Name of Client: | Date of Birth: |
| Program Date: | Client Contact Phone |
| Entity Authorized to Make Disclosure: ARC -ip, INC -  *Addictions Resource Center, INC* | Name of Court (Entity Receiving Confidential Information:)  (Authorized Individual/Organization to Whom Disclosure is Made)  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_  Name of Judge: |
| Phone: 937-767-0178 Fax: 937-688-1550 Email: info@arcdip.com | Name of Probation Officer?  \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |

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**Purpose of Disclosure**: ARC DIP Completion Report(s)

**Type of Information to be Disclosed**: Information regarding the completion of a Substance Use Screening report, educational segments completed, and group activities completed. The DIP screening completion report includes: offense, type and degree of impairment if available, legal history, alcohol and substance use pattern past and present, substance use treatment history, and significant medications that offender is prescribed. The report will also include recommendations and prognosis regarding recidivism.

Sign HERE if you want your report and info to go to your court

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Signature of Client or Person Authorized to Permit Disclosure Date  **++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++++  
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DO NOT SIGN HERE UNLESS YOU DO NOT WANT YOUR REPORT TO GO TO COURT.  
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 Staff or Witness

This authorization expires (specify event, date and/or condition) 90 days from Program Date

**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.) ***OAC5119.36/ 3793:4-1-02 (FF)(3)]***

# Client Name: DOB: Program Date:\_\_\_\_\_\_\_

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| **Safety and Security:** Driver Intervention Programs (DIP) are court sanctioned in lieu of a mandatory jail sentence (ORC 4511.19 (G)(1)(a); thus, all participants are in a minimum-security environment. To maintain a minimum-security environment, you must remain on the premises and in assigned areas. Also, ARC staff reserve the right to search your person, room, and luggage if a concern arises. |
| **Dismissal Violations:** You may be immediately dismissed if you breach the following guidelines: Leave authorized areas without staff or staff permission; Possession of an illicit substance or alcohol; Violent behavior (verbal or physical). |
| I have **paid $\_\_\_\_\_\_\_\_\_\_\_ for the \_\_\_\_\_\_hr Driver Intervention Program (DIP)** (DIP defined as beginning and ending during the above specified period of time and includes: ARC provided hotel room and food while at the DIP program, substance use screening, onsite staff, educational segments, small group sessions, receipt & report)and agree to abide by the terms of service as read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification and Standards Display. |
| I am aware of the **Rules and Guidelines** of the Driver Intervention Program and agree to abide by all Rules and Guidelines, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification & Standards Display. |
| I am aware of the **Programming Expectations** including no use of cell phone or any mobile device during programming hours of the Driver Intervention Program and agree to abide by all Expectations, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification & Standards Display. |
| I am aware of the **Client Rights-OAC Rule 5122-26-18G** of the Driver Intervention Program, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification & Standards Display. |
| I am aware of the **Confidentiality Rules and Confidentiality of Client Records** of the Driver Intervention Program, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification and Standards Display. |
| I am aware of the **Grievance Procedures** of the Driver Intervention Program, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification and Standards Display. |
| I am aware of the **Emergency Procedure and Disaster Plan** of the Driver Intervention Program including the location of emergency exits and First Aid Kit, which were read out loud during the scheduled segment “Program Open” and posted in the ARC-ip Certification and Standards Display. |
| The **Program Schedule** and Menu have been reviewed during the scheduled segment “Program Open” and are posted in the ARC-ip Certification & Standards Display. |
| **Signature of Client Date\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |