

Client Information Release Authorization

I, _____, hereby authorize Alcohol Highway Safety Program (AHSP), director or designee, C. Lineberger, Director, to release information contained in my client records to the individual(s) or organization(s) and only under the conditions listed below:

1. Name of person(s) or organization(s) to whom disclosure is to be made:

COURT/PROBATION AND SECRETARY OF STATE

2. Specific type of information to be disclosed: Attendance and Assessment

3. The purpose or need for such disclosure:

To inform the referring agency(ies) of my attendance; or lack of attendance, my cooperation with the assessor, the results of the Assessment, including any recommendation(s) made by AHSP.

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

[**XXX**] A. 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 AHSP.

[] B. _____
Other Time When Consent Can Be Revoked

[] C. _____
Other Expiration of Consent

I also understand that any disclosure made is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse client records and that recipients of this information may re-disclose it only in connection with their official duties.

Client Signature

Date

Christopher Drummy

Witness

Date

Substance Abuse Assessment Agreement

As a client of TSA/AHSP, I agree and understand:

1. I must attend my scheduled assessment appointment on time and within the required **21-day period**. I understand that if I do not complete the appointment within the allotted time, I will violate the Court order.
 - If I miss a scheduled assessment appointment, I am **required to pay an additional \$75 fee** in order to reschedule my assessment appointment.
 - I understand that I will be required to pay an **additional \$50 fee** if I am **more than 10 (ten) minutes late** for my scheduled assessment appointment and **will be required to reschedule** my appointment.
2. 24-hour advance notice of cancellation will be accepted only with a valid reason (such as an emergency) **with** documented proof. In order to waive any charges, the documented, written proof must be submitted to the office within three business days and approved by the Executive Director.
3. Upon enrollment and completion of the substance abuse assessment, a **notice of completion** will be sent to the referring source.
4. **VANDALISM WILL NOT BE TOLERATED.** Any client who defaces, destroys, or willfully damages any AHSP property, or any property of others, will be made to pay for the damages and the referring source will be notified immediately.
5. I will attend all appointments free from alcohol and other drugs. If any staff person detects the presence of alcohol or other drugs, I may be dismissed from the assessment process and the referring source will be notified of my actions.
6. If, for any reason, a **refund** is to be given, **\$25 will not be refunded** to help compensate for office personnel time and the processing of paperwork.
7. To be compliant with this court order, I must successfully complete the enrollment process and the substance abuse assessment, and all fees and monies paid in full.

This agreement is in compliance with agreements made between Alcohol Highway Safety Program and the criminal justice system. Violation of this agreement may result in dismissal from the assessment process, and a notice will be sent to the proper referring source (judge, probation officer, etc.) I understand the assessment is designed for *my benefit* and is a necessary obligation from the court that I must fulfil.

- **I have read the above, and agree to abide by this agreement. A copy of this agreement will be given only upon request.**

Client

Christopher Drummy

Date

Witness

Date

Traffic Safety Association of Macomb County

Substance Abuse & Drivers License Appeal Assessment Disclaimer Agreement

I understand that the assessment I am receiving at the Traffic Safety Association/Alcohol Highway Safety Program of Macomb County may come with recommendations and referrals. These recommendations and/or referrals may seem repetitive, or the programs may be provided by the AHSP/TSA or another networking agency in the area, and that any additional expense is the responsibility of the Client.

Assessments are created by obtaining self-reported information. TSA/AHSP Employees will not discuss the report with you.

Your report may or may not be favorable; this is the nature of assessments. I understand that any requests to alter or change my assessment to benefit me will be rejected.

Client Signature

Date

Christopher Drummy

Witness

Date