

DOCUMENTATION OF UNDERSTANDING

1. Confidentiality of Patient/Client Record.
2. Patient/Client's Rights.
3. General Nature and Goals of Agency.
4. Patient/Client's Responsibilities.
5. Fees and costs to be paid by patient/client as related to services recommended.
6. Agency Expectations of Patient/Client.
7. Mandatory Reporter Status of Staff.
8. Agency Office Hours and Contact Information.
9. HIV/AIDS Orientation
10. OWI/ZERO Tolerance Requirements (if appropriate).
11. Requests for Information/Complaint and Grievance Procedure.

CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS

The confidentiality of alcohol and drug abuse patient records maintained by this program are protected by Federal laws and regulations. A more detailed explanation of your privacy rights under HIPAA will be provided at your request.

Generally, the program may not say to a person outside the program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser UNLESS:

1. The patient consents in writing;
2. The disclosure is allowed by a court order; or
3. The disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.

Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations.

Federal law and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.

“For research purposes, the Area Substance Abuse Council (ASAC) may release my name and other contact information to the Iowa Consortium, on behalf of the Iowa Department of Public Health, for a follow-up interview regarding my treatment experience. I may be randomly selected from the data that is reported to the State of Iowa. The follow-up interview may occur up to 1 year after my treatment here.

I understand that My Records are protected by Federal Confidentiality Regulations and cannot be disclosed to any other source without my specific written consent.”

AGENCY EXPECTATIONS OF PATIENT/CLIENT

Attend individual and/or group sessions as agreed upon. Contact my counselor in advance when I am unable to attend agreed upon services. If I fail to attend any services for over 30 days, my file will be closed and I will have to start all over again. Pay treatment fees or costs according with my ability to pay. Communicate any displeasure or concerns I have with services received to staff.

OWI AND ZERO TOLERANCE EXPECTATIONS

I understand that if I have received an OWI/ZERO TOLERANCE CHARGE, that I must complete an Assessment, all recommended services and pay all my ASAC treatment fees prior to my completion form being sent to the Iowa Department of Transportation Motor Vehicle Division, which is required by law for me to receive my driver’s license. I also understand that it may usually takes 7-10 days from the date the agency sends my completion form to the Iowa Department of Transportation Motor Vehicle Division for the completion form to be processed.

I have read or have had explained to me and understand the above information.

Patient/Client: _____ Date: _____

Staff: _____ Date: _____