

ADVANCED ALCOHOL AND DRUG PERSONAL DATA FORM

CAUSE #: _____
COUNTY _____
OF INCIDENT: _____

For Office Use Only

Amount Paid: _____
Receipt #: _____
M. Order # _____

Packet v List

DATA FORM

ACKNOWLEDMENT/CONSENT
FORM

AUTHORIZATION TO RELEASE
CONFIDENTIAL INFORMATION

NAME AND ADDRESS

_____ Last Name _____ First _____ Middle Initial _____

Drivers License Number _____ State _____

SS# _____ Age _____ Date of Birth _____

_____ Street Address _____ City _____ State _____ Zip _____

_____ Phone: _____
Email Address _____

DEMOGRAPHIC

(Circle one in each category)

SEX

Male _____
Female _____

ETHNICITY

White _____ Black _____
Hispanic _____ Asian _____
American Indian _____ Other _____

ARREST INFORMATION

Please circle one: Was your offense a
FELONY or **MISDEMEANOR**?

What is your current charge? _____

DISABILITIES

Do you have any disabilities Lifesteps needs to be aware of to assist you in this course?

REFERRING ENTITY INFO: (Circle One) Probation Officer-Attorney-Judge-Court-Out of State Facility

PRINT NAME OF REFERRAL: _____

PHONE # _____ **FAX #** _____

If APPLICABLE REFERRAL'S ADDRESS FOR MAILING:

Today's Date

Participant Signature



*Council on Alcohol & Drugs * Committed to Prevention, Intervention, & Education*

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize
(name of participant)

LIFESTEPS COUNCIL ON ALCOHOL AND DRUGS
(name of the program)

to disclose to _____
(name of person or organization to which disclosure is to be made)

information regarding participation in the Advanced Alcohol & Drug Program.
(nature of the information)

I understand that my records are protected under the Federal Confidentiality Regulations and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.).

Executed this _____ day of _____, 20_____

(Signature of participant)

(Signature of parent, guardian, or authorized representative)

2021 N. Mays St, Ste. 500 Round Rock, TX
Phone 512-246-9880 Fax 512-246-9882
Austin Line 512-930-5351

311 S. Main St., Georgetown, TX
Phone 512-869-2571 Fax 512-869-1667
Website www.lifestepsCouncil.org

P.O. Box 1279, Georgetown, Texas 78627-1279



*Council on Alcohol & Drugs * Committed to Prevention, Intervention, & Education*

Acknowledgement/Consent Form

I have received a copy of the *Summary of Participants Rights* as per Federal Register 42 CFR Part 2, which includes the complaint procedure of LifeSteps Council on Alcohol and Drugs, and information on how to contact The Texas Department of State Health Services Board of Inquiry.

I hereby accept participant services of LifeSteps Council on Alcohol and Drugs to take the Advanced Alcohol and Drug Education class.

Date

Participant Name (print)

Participant Signature

Parent/Conservator/Guardian Signature
(If applicable)

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SUMMARY OF PARTICIPANT/CLIENT'S RIGHTS

When accessing LifeSteps' services, participants/clients have the right to:

1. receive age appropriate services;
2. be treated with dignity and respect;
3. be assured protection from the possibility of abuse, neglect, or exploitation;
4. to file a complaint with LifeSteps or the Texas Department of State Health Services;
5. when receiving individualized services, participants/clients will have the right to accept or refuse services after being notified of program goals and objectives, rules and regulations, and participant/client's rights.
6. Confidentiality - Participants/clients of LifeSteps have a right to confidentiality. Generally, staff may not talk or write to a person about the fact that a participant/client is receiving services or disclose other information about the participant/client unless one or more of the following conditions are met: a) the participant/client gives written permission to release the information; b) a court orders that the information be released; c) medical emergency; d) participant/client's file is reviewed by qualified personnel for program evaluation or audit purposes by the Texas Department of State Health Services.

In addition, federal law does not protect information about a crime committed by a participant/client either at a program or against personnel of a program or about a threat to commit such a crime, suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Violation of federal confidentiality law is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations as provided for under 42 CFR Part 2, section 2.12(d)(1) and HIPPA regulations.

COMPLAINT PROCEDURES

It is the policy of LIFESTEPS to promote a safe environment to program participants/clients and to provide quality services. Conduct that interferes with operations, discredits LifeSteps or results in abuse, neglect or exploitation of participants/clients will not be tolerated.

Any person with a complaint or grievance concerning any actions of LIFESTEPS, its Executive Director or staff is asked to state the complaint briefly in writing clearly identified as "Complaint" or "Grievance." In case of a complaint against the Executive Director, the complaint should be addressed to LifeSteps' Board President. Grievances against staff should be mailed to the individual involved and the Executive Director at the following address:

LifeSteps Council on Alcohol and Drugs
P.O. Box 1279 Georgetown, Texas 78627

The person with the complaint may also submit a grievance to Texas Department of State Health Services directly at any time:

Texas Department of State Health Services
P.O. Box 80529
Austin, Texas 78708-0529
1-800-832-9623

Any person wishing to file a complaint may request help writing the grievance if they are unable to read or write. They may also request pens, paper, envelopes, postage and access to a telephone for the purpose of filing their grievance. LIFESTEPS shall report all allegations of abuse, neglect, and exploitation in writing to Texas Department of State Health Services within 24 hours and submit written documentation within two working days. LIFESTEPS shall acknowledge receipt of the complaint in writing within 24 hours (72 hours on weekends). The complaint shall be investigated immediately and as impartially and confidential a manner as possible, obtaining additional information as needed. LIFESTEPS shall inform the person making the complaint of findings and recommendations within seven (7) calendar days. Complaints that cannot be resolved will be forwarded to Texas Department of State Health Services. LIFESTEPS staff shall not retaliate against anyone who reports a violation or cooperates with an investigation or related activity.