THE STATE of ALASKA
GOVERNOR MIKE DUNLEAVY

Department of Health and Social Services

DIVISION OF BEHAVIORAL HEALTH
Alcohol Safety Action Program

303 K Street
Anchorage, Alaska 99501-2013
Main: 907.264.0735
Fax: 907.264.0786
Email: DBHASAP@alaska.gov

~~Instructions for completing ASAP's intake packet~~:

1. The intake packet must be printed and filled out in blue or black ink. ASAP **WILL NOT** accept digitally signed paperwork.

2. Multiple Consent for Release of Confidential Information:
   *Print your name and date of birth at the top as indicated.
   *Initial the short lines before #1, #2, #4, #6 (without initials the release is not valid)
   *Following #4 write the name of your private attorney; if no private attorney initial Public Defender for state case.
   *Sign and date the bottom.

3. DMV Consent for Release of Confidential Information:
   *Print your name at the top as indicated.
   *Print your email address
   *Sign and date the bottom.

4. ASAP Privacy Notice:
   *Initial bottom right of first page as indicated.
   *Sign and date the second page.

5. Fill out the Client Intake Form completely.

6. **You must return the completed paperwork to ASAP**

There is a $200.00 Case Management fee per case. Fees must be paid in full prior to AASAP providing any documentation of completion for licensing. Payment can be made in the form of cashier's check, money order or by phone with Visa/MasterCard/Discover.

For example, ASAP can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide treatment to you, as long as there is a qualified service organization/business associate agreement in place.

Your Rights

Under HIPAA you have the right to inspect and copy your own treatment information maintained by the ASAP System, except to the extent that the information contains psychotherapy notes or information compiled for use in civil, criminal or administrative proceedings or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in ASAP records, and to request and receive an accounting of disclosure (made after April14, 2003) of your treatment related information for up to a six year period prior to your request. You also have the right to receive a paper copy of this notice.

ASAP is required by law to abide by the terms of this notice. ASAP reserves the right to change the terms of this notice and make new notice provisions effective for all protected treatment information it maintains. A copy of this change will be mailed to you within 30 days of the change.

You may contact ASAP and/or the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. A letter describing your complaint should be filed with the Alaska ASAP Program Coordinator at 303 K St., Anchorage, Alaska 99501, as soon as possible.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

A consent to release information is valid until you decide you want to stop the release of information process which is called revoking. A revocation must be in writing and means no further information may be released, however any information which has already been released cannot be recalled.

Contact

For further information contact the Alaska ASAP Program Coordinator at 303 K St., Anchorage, Alaska 99501. (907) 264-0735.

Your signature below indicates you have received a copy of this notice.

_____ _____

Client Signature Date

Effective Date: April 24, 2003

ASAP File #_____

Alaska Department of Health & Social Services
Division of Behavioral Health/ASAP
MULTIPLE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ DOB_____,
(Please Print legibly)
authorize the Alaska Alcohol Safety Action Program (ASAP) System to exchange verbal, written and electronic information with:
(Designate with your initials each agency or individual you are authorizing ASAP to communicate with)

_____1. Alaska Court System

_____2. Prosecuting Attorney

____ 3. Agency (Print agency name and phone) _____
(Name of agency)

____ 4. Personal Attorney (name and phone number) _____

_____ Public Defender Agency _____ Denali Law Group *(initials give permission for everyone in the PDA or DLG office)*

____ 5. Interpreter or Individual (Print Name and phone number) _____

____ 6. Alaska Department of Corrections

The following information will be disclosed:

* My name and other personal identifying information
* My status as a patient in alcohol and/or drug treatment
* Attendance and compliance with treatment
* Recommendations for further treatment services
* Reports from collateral individuals or agencies
* Name of agency where I received treatment
* Assessment/evaluation results
* Fee status for ASAP and referral agency
* Drinker classification criteria
* Traffic and criminal record
* Discharge plan/summaries to include discharge dates & status
* AKAIMS intake, consent, Episode, Miscellaneous ASAP notes regarding treatment service compliance

The purpose of this exchange, authorized by this consent, is to provide information to facilitate substance abuse education/treatment mandated by the court and/or prosecuting attorney

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 (HIPAA), 45 C.F.R. Pts 160 &164 and **cannot be disclosed without my written consent unless otherwise provided for in the regulations**. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I am mandated to the Alaska ASAP system. I understand that if I choose to revoke this consent it must be in writing.

I understand that generally the ASAP System may not condition my services /treatment information on whether I sign this consent form, but in certain limited circumstances I may be denied ASAP services if I do not sign the consent form.

_____ _____
(Signature of client) (Date)

_____ _____
(Signature of parent, guardian or authorized representative when required) (Description of Authorized Representative Authority)

Treatment agency written communication to Anchorage ASAP should be made to the attention of: Louis Imbriani, ASAP Program Coordinator.

ASAP File #_____

Alaska Department of Health & Social Services
Division of Behavioral Health/ASAP
DIVISION OF MOTOR VEHICLES CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

I, _____ authorize the Alaska Alcohol Safety
(Please Print)
Action Program System (ASAP) to exchange information with the Alaska Division of Motor Vehicles (DMV) by providing the following information:

* My name and other identifying information
* My status as a patient in alcohol and/or drug treatment
* Fee status for ASAP and referral agency

The purpose of this exchange is to provide information about my compliance with the requirements for the Alaska Division of Motor Vehicles.

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 (HIPAA), 45 C.F.R. Pts 160 &164 and **cannot be disclosed without my written consent unless otherwise provided for in the regulations**. I understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I am mandated to the Alaska ASAP system. I understand that if I choose to revoke this consent the revocation must be in writing.

I understand that generally the ASAP System may not condition my services/treatment information on whether I sign this consent form, but in certain limited circumstances I may be denied ASAP services if I do not sign the consent form.

In order to comply with above federal regulations. I authorize ASAP and its agents to send a copy of the DMV correspondence to the following email address upon my request:

_____
(Email Address)
I attest that I am the administrator of the email address and hold control over the account information and log in.

_____ _____
(Signature of client) (Date)

_____ _____
(Signature of parent, guardian or authorized representative when required) (Description of Authorized Representative Authority)

Date_____ ASAP CLIENT INTAKE FORM ASAP File #_____

Name _____ Maiden Name _____ ADL #_____
First Middle Last

Gender: M / F (circle one) Date of Birth _____ Social Security # _____

Mailing Address _____ City _____ State _____ Zip _____

Home Phone: _____ Cell: _____ Email: _____

ETHNICITY-Check one

- ☐ Not Spanish/Hispanic/Latino Mexican
- ☐ Chicano/Other Hispanic
- ☐ Cuban
- ☐ Hispanic-Specific origin not specified
- ☐ Mexican American
- ☐ Puerto Rican
- ☐ Spanish/Hispanic/Latino

ENGLISH FLUENCY

- ☐ Excellent
- ☐ Good
- ☐ Moderate
- ☐ Poor
- ☐ Not at all

State preferred language if other than English

_____

United States Citizen

☐ Yes ☐ No

If not U.S. Citizen, specify citizenship

_____

Interpreter Needed?

- ☐ Yes
- ☐ No

RACE(s)-Check all that apply

- ☐ Aleut
- ☐ Asian
- ☐ Athabascan (other than American Indian)
- ☐ Black/African American
- ☐ Caucasian
- ☐ Haida
- ☐ Inupiat
- ☐ Native Hawaiian
- ☐ Other Alaska Native
- ☐ Pacific Islander
- ☐ Tlingit
- ☐ Tsimshian
- ☐ Yupik
- ☐ Other _____

EDUCATION-Check One

- ☐ No schooling
- ☐ 1st grade
- ☐ 2nd grade
- ☐ 3rd grade
- ☐ 4th grade
- ☐ 5th grade
- ☐ 6th grade
- ☐ 7th grade
- ☐ 8th grade
- ☐ 9th grade
- ☐ 10th grade
- ☐ 11th grade
- ☐ GED
- ☐ High School Diploma (not GED)
- ☐ Vocational Training
- ☐ Special Ed. Ungraded Classes
- ☐ Bachelor Degree (BA or BS)
- ☐ Grad. Work No Degree
- ☐ Masters Degree
- ☐ Doctorate/Professional Degree
- ☐ Post Secondary - 1 yr.
- ☐ Post Secondary - 2 yrs.(incl. AA degree)
- ☐ Post Secondary - 3 yrs.
- ☐ Post Secondary - 4 yrs. No Degree
- ☐ Other _____

SPECIAL NEEDS

- ☐ Developmentally Disabled
- ☐ Fetal Alcohol Spectrum Disorder
- ☐ Major Difficulty in Ambulating or Non ambulation (walking about)
- ☐ Moderate to Severe Medical Problems
- ☐ Organically Based Problem
- ☐ Severe Hearing Loss or Deaf
- ☐ TBI
- ☐ Visual Impairment or Blind
- ☐ Other _____
- ☐ None

VETERAN STATUS (Check all that apply)

- ☐ Never in Military
- ☐ Vietnam Era Vet; Combat
- ☐ Vietnam Era Vet; Non-Com
- ☐ Gulf War Vet; Combat
- ☐ Gulf War Vet; Non-Combat
- ☐ Afghan War Vet; Combat
- ☐ On Active Duty; Combat
- ☐ On Active Duty; No Combat
- ☐ Reserves or National Guard Combat
- ☐ Reserves or National Guard; No-Combat
- ☐ Retired f/Military; Non-Combat
- ☐ Retired f/Military; Combat
- ☐ Veteran, other Eras
- ☐ Military Dependent
- ☐ Not Applicable

Please complete pages 1 & 2

Date_____ ASAP CLIENT INTAKE FORM ASAP File #_____

Name: _____

MARITAL STATUS

- ☐ Single
- ☐ Married
- ☐ Separated
- ☐ Divorced
- ☐ Widowed

ANNUAL INCOME

- ☐ 0-$9,999
- ☐ $10,000-$19,999
- ☐ $20,000-$34-999
- ☐ $35,000-$49,999
- ☐ $50,000 or greater

OCCUPATION/INDUSTRY

- ☐ Executive/Administrative Managerial
- ☐ Professional and Technical
- ☐ Marketing and Sales
- ☐ Administrative/Clerical Support
- ☐ Service Workers
- ☐ Mechanics/Installers/Repairers
- ☐ Construction/Trades
- ☐ Laborers/Equipment Cleaners
- ☐ Farmer/Fishing
- ☐ Other

EMPLOYMENT STATUS

- ☐ Employed
- ☐ Unemployed
- ☐ Retired

OTHER REQUIREMENTS/AGENCIES

- ☐ None
- ☐ Mental Health Counseling
- ☐ Dual Diagnosis
- ☐ Parenting classes
- ☐ DOC/Probation
- ☐ OCS
- ☐ Anger Management
- ☐ Other

FAMILY HISTORY OF ALCOHOLISM

If Yes, check all that apply

- ☐ No history
- ☐ Mother
- ☐ Father
- ☐ Grandparents
- ☐ Relatives other than parents or grandparents

HISTORY OF BLACKOUTS

Most Recent

- ☐ Within past 3 months
- ☐ 3-6 months ago
- ☐ 6-12 months ago
- ☐ More than a year ago
- ☐ No History

PROBLEM WITH ALCOHOL

- ☐ Yes
- ☐ No
- ☐ Maybe

PRIOR SUBSTANCE ABUSE EDUCATION OR TREATMENT HISTORY

	Agency & Location	Dates Attended	Completed?
☐ ADIS/Education			Yes / No
☐ Outpatient			Yes / No
☐ Intensive Outpatient			Yes / No
☐ Aftercare			Yes / No
☐ Inpatient/Residential			Yes / No
☐ Other			Yes / No

CRIMINAL HISTORY OUTSIDE OF STATE OF ALASKA

State/Charge/Date of Offense	Convicted?	State/ Charge /Date of Offense	Convicted?
_____	Yes / No	_____	Yes / No
_____	Yes / No	_____	Yes / No
_____	Yes / No	_____	Yes / No

Please complete pages 1 & 2