



Family Counseling & Rehabilitation Center of Ohio

107 Lancaster St.
Marietta, OH
45750

www.FCRCofOhio.com
Phone: 1-740-249-8061
Fax: 1-740-371-5499

72-Hour Driver Intervention Program (DIP)

An Impaired Driver Program

The 72-Hour Driver Intervention Program (DIP) is a self-contained residential program for OVI offenders administered through Family Counseling & Rehabilitation Center of Ohio certified by the Ohio Department of Mental Health & Addiction Services (OMHAS.) Participation in the program is offered through the court system as an alternative to incarceration.

The 72-Hour Driver Intervention Program gives you an opportunity to examine thinking and behavioral patterns that led to your arrest. It provides participants with the knowledge you need to make healthy future choices and with information on alcohol and drug abuse through lectures, videos, class work, and group discussions.

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All programs will take place at the **Comfort Suites in Marietta, OH 45750 and will be offered monthly.

Comfort Suites

202 Cherry Tree Lane

Marietta, OH 45750



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72-Hour Driver Intervention Program

Program Rules and Regulations

1. The 72-Hour Driver Intervention Program is designed to provide you with educational information and professional assistance in assessing your alcohol and other drug use. FCRC of Ohio personnel are not here to judge you, to punish you or to intimidate you. You will be treated with courtesy and respect by all FCRC of Ohio staff. We, in turn, expect that you will cooperate fully with FCRC of Ohio staff and convey that same level of courtesy and respect that is extended to you.
2. Punctuality is particularly important. You are to arrive by 5:45pm on Thursday evening at which time your temperature will be taken, and a health questionnaire will be completed. For your safety, masks will be provided, social distancing is required, frequent hand washing will be encouraged, and hand sanitizer will be provided. Throughout the day all hard and soft surfaces will be thoroughly cleaned. You may leave on Sunday at 5:45pm. If you arrive late (past 6:00pm) you will not be allowed to participate in the program and will be asked to reschedule at a later date and charged a rescheduling fee (\$100.00 which must be paid before you can attend.)
3. To maximize your comfort level during the 72-Hour program and to minimize the possibility of you experiencing withdrawal symptoms from alcohol or any other mood-altering drug, we recommend that you abstain from alcohol and any other mood-altering drug you may be using (unless, of course, it is prescribed by your physician) for a minimum of 3 -5 days prior to the start of the 72-Hour program. If you appear to be experiencing significant withdrawal symptoms from alcohol or any other drug (or other medical problem/emergency) during the 72-Hour program, please inform the FCRC of Ohio staff immediately. An FCRC of Ohio staff member will take appropriate action, including summoning Marietta EMS to evaluate any perceived attention to the Marietta Memorial Hospital's Emergency Room. You will be liable for payment for any such treatment received from the Marietta EMS and/or Marietta Memorial Hospital Emergency Room staff.
4. If during the check-in process at the start of Thursday's DIP, you are suspected to be under the influence of alcohol (including having the odor of alcohol on your breath,) FCRC of Ohio staff will take the appropriate steps to resolve the problem, up to and including dismissal from the program, non-refundable.
5. **There will be no use of alcohol or any drugs while you are at the 72-Hour program.** If you are suspected of alcohol/drug use, you will be asked to take a BAC/or drug test and then will be asked to leave immediately if you test positive for alcohol or drugs. If you drove to the program site and are under the influence a ride will be called to pick you up. The appropriate court and authorities will be notified, and you will not receive a refund.
6. No alcohol or other mood-altering, non-prescription drugs are permitted in your possession at any time during the 72-Hour program. If it is suspected during the program that you are in



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possession of or under the influence of alcohol or any other non-prescription, mood-altering drug, FCRC of Ohio staff will investigate. Such investigation may include a search of your room/personal items and request that you submit to a Breathalyzer test to confirm presence or absence of alcohol in your system. If such steps confirm that you have in your possession or have ingested alcohol or any other illegal, non-prescription drug, you will be immediately discharged from the program and your referring court will be notified that you did not complete the Driver Intervention Program.

7. Upon your arrival at the program site, your **luggage/purse/personal items will be searched. Any alcohol, drugs, or other contraband (this includes but is not limited to any type of energy drinks (you MAY NOT drink the energy drinks from the vending machines at the hotel,) five-hour shots, caffeine pills, keys, DVD players, game systems, inappropriate reading materials, cell phones, etc.) will be confiscated.** We reserve the right to search your luggage and/or room at any time during the 72-Hour program. All property will be given back at the end of the 72-Hour program (except any alcohol or drugs, which will be destroyed.) **Please note that your luggage/purse/personal items will be searched before you complete the program on Sunday.**
8. Clients are prohibited from having prescription and over-the-counter medications in their possession at the Driver Intervention Program, unless required by a physician for medical necessity. Authorized staff and/or providers shall have keys for medication cabinets, refrigerators, and lock boxes.
9. You will be assigned a roommate and a room number. Males with males and females with females. **You are NOT allowed in each other's rooms.** You are expected to keep your room clean and in order during the weekend. Housekeeping will provide linens and toiletries daily, to be placed outside of your room. Please place used linens outside of door to be collected.
10. **Wakeup call is at 7:00am** at which time your temperature will be taken, and a health questionnaire will be completed daily. A counselor/security officer will make sure each room receives a wakeup call. You must answer the door. Note when you leave your room at 8:00am you may not be allowed back in your room until bedtime (based on staff discretion.) Make sure you bring everything you need for the day (soda, food, pen, clothing, tampons, etc.)
11. Failure to comply with the 72-Hour FCRC of Ohio DIP rules and regulations, disruptive or physically aggressive or belligerent behavior displayed toward FCRC of Ohio staff, or another program participant will not be tolerated and shall be grounds for discharge from the program. No refunds will be given.
12. If you require some type of special room accommodation because of physical handicap or disability, please notify FCRC of Ohio in advance so proper arrangements may be made.
13. If you have driving privileges and drive a car to the program, make sure that you bring all your luggage, etc. into the Comfort Suites with you on Thursday at check-in. Once in the Comfort Suites you will not be permitted to return to your car to retrieve forgotten items, unless accompanied by a program staff member. Keys will be locked securely away by staff upon arrival.



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14. Family members or friends will not be permitted to bring items to you while attending the DIP program. If you require essential items like a towel, toiletries, or clothing that you have forgotten, please see a program staff member.
15. No visitors allowed, except as program dictates.
16. FCRC of Ohio utilizes a night security person between the hours of 9:00pm and 8:30am throughout the program weekend. The security person is present primarily to ensure that safety of both DIP participants and staff in the event of any emergency (fire, disruptive program participants, and program participant illness or medical emergency, etc.) This designated individual will conduct a room check every evening and other times as needed to ensure all DIP program participants are in their assigned rooms. DIP security person is also present to ensure that program participants comply with the requirement you remain in your assigned rooms between the hours of 11:00pm and 7:00am. Any violation of this rule will constitute grounds for discharge from the program.
17. It is expected that your attitude and behavior throughout the 72-Hour program will be appropriate and consistent with the serious focus on the program's purpose. While we encourage participant interaction in classroom activity and in small group discussion sessions, the DIP program is not the appropriate setting in which to seek a date, find a mate, or to conduct normal business-related activity. If the program staff observes that you are focusing your attention on another program participant or preoccupied with "people, places, or things" external to the program, your instructor will meet with you to make you aware of the unacceptable attitude or behavior and request that you redirect your attention to the program objectives. If the attitude/behavior identified as unacceptable persists, you may be discharged from the program for failure to comply with program expectations.
18. You are to arrive at all sessions on time and sign an attendance log. **You are not to leave group unless given permission.**
19. You are expected to participate actively in each session.
20. The counselor(s) MUST know where you are always. Upon entering the 72-Hour DIP program, you will be given designated areas you can be.
21. You may NOT use the pool, the weight room, or the computers.
22. No cellular phones, laptop computers, other computers, video games, movie videos, radios, CD, readers, electronic cigarettes or tape players, iPods, iPhones, MP3 players, or pagers will be allowed at the program.
23. Under no circumstances will any form of gambling be permitted at any time during the 72-Hour DIP. This includes card playing for money, poker chips or any other activity which may be construed by FCRC of Ohio staff/security to represent gambling. Violations of this policy will result in immediate discharge from the program and forfeiture of your entire program fee.
24. Smoking is allowed only in designated areas of Comfort Suites, Marietta OH (behind the hotel is a designated area.) Please use the ashtrays, as failure to do so, will result in revocation of smoking privileges. ALL HOTELS ARE NON-SMOKING, and your room is Non-Smoking. If you are



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caught smoking in your room, or if there are any damages to the hotel or the hotel property you will be charged a fee of \$300.00 by the hotel that must be paid before you leave on Sunday, or your completion report will be held. There will be designated smoke breaks.

25. Proper hygiene is expected of all DIP participants throughout the weekend (e.g., shower.) Clothing with alcohol/drug advertisements, inappropriate/negative messages is not permitted.
26. **You will have NO cell phone access during the 72-Hour Driver Intervention Program.** If you need someone or something, please get with the counselor(s) or security guard. You may not receive phone calls during the program. (TRUE emergency calls may be directed to the hotel, screened by FCRC of Ohio and directed to you.)
27. You are not to approach the front desk or any hotel staff for any reason.
28. It is permissible to bring snacks, juices, and soft drinks in originally sealed packages. Snacks may be purchased in the hotel lobby/vending machines. Bring your own change for vending machines. **YOU ARE NOT PERMITTED TO ORDER OUT FOR FOOD DELIVERY.** Bring \$15.00-\$20.00 to buy extra snacks from vending machines is acceptable.
29. If there is a family emergency, the hotel will contact a counselor(s) or security guard and the message will be given to you. If you choose to leave the 72-Hour Driver Intervention program early, you must contact your referring court on the next business day to get approval to attend the next available Driver Intervention Program. It will be determined if there will be any additional fees.
30. In case of a fire, you should follow procedures of the hotel and evacuation routes. All this information is posted on the back of your door in your assigned room. This information also tells you the location of the fire alarms and extinguishers. We will point this out when you are taken to your room.
31. Please ask for clarification of any of these rules from an FCRC of Ohio staff member if something is unclear. Ignorance of or misunderstanding of these rules does not remove the responsibility for the consequence of your behavior during the 72-Hour program.
32. FCRC of Ohio reserves the right to add, delete, or modify rules and expectations at any point in the weekend to ensure consistency, safety, and security for participants and staff.



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72-Hour Driver Intervention Program

Packing & Preparing

Things to Bring:

- Medications prescribed and over the counter.
 - If you take medication prescribed by the doctor, make sure that you bring it in the labeled prescription bottle, indicating the medication name, how often you are to take it and the prescribing physician's name. **CANNOT** be expired. **BRING ONLY ENOUGH MEDICATION FOR THE WEEKEND.** You will be allowed access to your medication upon request or according to the prescription label instructions at any time during your stay. It will be returned to you at the completion of the program.
 - If you take over the counter medication, you will only be permitted to ingest the recommended dosage on the bottle/package – regardless of the amount you may typically take, unless you have a doctor's prescription for taking varying dose. It must be the original packaging.
 - If you have a cold or the flu and are taking an over-the-counter decongestant, cough suppressant or expectorant, make sure that it does not contain alcohol. You will not be allowed to take any cough or cold medication containing alcohol (e.g., Vicks, Nyquil, Daytime, etc.) during the 72-hour period.
 - If you are likely to get headaches or other common aches and pains, you will need to bring pain medication. (Tylenol, Ibuprofen, etc.) We recommend a new unopened bottle. Staff **CANNOT** dispense any medication to you other than what is yours.
 - For perishable medications, previous arrangements must be made with the program director to have a refrigerated space designated specifically for prescriptions.
 - **ONLY BRING ENOUGH MEDICATION FOR THE WEEKEND.**
- You will need to bring clothing and personal hygiene/grooming needs. (Enough for 3 days) Consider wearing layers as room temperatures fluctuate.
- You may wear casual, comfortable clothing. Hats and hoods are **NOT** permitted. Proper under garments must be always worn during the weekend for both men and women. No short shorts, cut-offs, or halter tops. Shoulders and stomach must be covered. Shoes must be always worn.
- You may bring a cushion or pillow for your chair, there will be a lot of sitting and the chairs can become uncomfortable, if desired.
- **Name, Address, Phone Number, Fax Number of Courts or Agency that will need to receive information upon completion of this program.**
- Earplugs if you are a light sleeper.
- Cigarettes, if you smoke. (Chewing Tobacco is allowed but discouraged and will only be allowed during smoking breaks.)



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- Snacks and drinks, in **the original unopened containers**. You may want to bring \$15.00-\$20.00 to buy extra snacks or soda from vending machines.
- Appropriate books, magazines, newspapers, or something to keep you occupied during non-program hours and free time.

Things NOT to Bring:

- ⊗ Alcohol or any other illegal drugs or drug paraphernalia.
- ⊗ Any prescription drugs not prescribed to you.
- ⊗ Any drug/substance, including over-the-counter medicines, not in their original packaging or proper prescription packaging with the original prescription label.
- ⊗ Personal care items that contain alcohol: mouth wash, after shave, perfumes, colognes, body spray, hand sanitizer, etc.
- ⊗ Any electronic devices – including cell phones, laptops, radios, alarm clock-radios, pagers, personal video players, MP3 players, video games, iPods, or any type of readers. If you bring any of these items they will be locked up for the weekend and given back to you at the end of the program.
- ⊗ No knives, guns, firearm, sprays, or weapons of any kind are allowed. If you bring them, they will be confiscated.
- ⊗ Please **DO NOT** bring excessive valuable (e.g., expensive jewelry, excess amount of money, etc.) Your rooms may be locked during the day and opened by a staff member or security at night. Even though only you and your assigned roommate(s) will have access to your room, this does not guarantee that items of value will not disappear.
- ⊗ Any articles of clothing (hats, t-shirts, etc.) which advertise/promotes alcoholic beverages, drugs, taverns, or lounges, etc. are prohibited.
- ⊗ No electronic cigarettes or vaporizers
- ⊗ Large sums of money will not be needed and may not be brought to the program.

Baggage and materials brought to the DIP will be inspected to ascertain that they do not contain contraband. Any materials deemed inappropriate by the program staff will be locked up by the staff at the start of the program during check-in orientation and returned at the end of the program.



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Arrival and Check-In

Check-In for the program begins promptly at 5:45pm on Thursdays, **please arrive no later than 5:30pm to complete the check-in process.** Individuals who arrive late will not be allowed to attend.

Anyone arriving after 6:00pm will not be admitted regardless of the reason for being late. When you register for the program, it is expected that you will make the necessary work or family arrangements in advance so that you arrive at the Comfort Suites in Marietta, OH no later than 5:45pm.

No evening meal is provided on Thursday, so it is advisable to have your evening meal before arriving at the program.

When you arrive, bring all your luggage and belongings you brought for the program and enter the Comfort Suites through the main entrance.

Upon arrival all your luggage will be checked by a FCRC of Ohio staff member to ensure that you are not bringing any inappropriate items into the program, you will receive your room assignment at this time and any medications (prescription and over the counter) will be logged and kept in a locked cabinet throughout the program.

Cancellations and Refunds:

You may cancel your reservation for the Driver Intervention Program no later than 7 days prior to your program date. If you cancel within the 7 days prior to your registered program, you forfeit the entire \$625.00 program fee. If you register for DIP and pay the program fee, then you do not show up at the Comfort Suites Hotel in Marietta, OH for the actual 72-Hour program, you forfeit the entire \$625.00. If you reschedule your program date within the 7 days prior to your registered program date, you will be charged a \$100.00 rescheduling fee.

Meals:

All meals are provided (except for Thursday evening.) You must be present in the dining area for all program meals, unless otherwise instructed by your Program Facilitator for reasons of personal illness, etc. FCRC of Ohio attempts to provide balanced, nutritious meals.

*If you require a special diet because of legitimate acute or chronic medical condition (not just because you are trying to eat healthier foods or attempting to lose weight,) please make the FCRC of Ohio Program Coordinator aware of this at the time of registration.



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- Breakfast is at 8:00am (Please be ready by 8:00am, as staff will bring everyone at one time.)
- Lunch is at 12:00pm
- Dinner will be anywhere from 5:00pm – 7:00pm

Other Program Notes:

- You will not be permitted use of the telephone during the DIP unless approved by a FCRC of Ohio staff member. Social calls will not be permitted. In case of emergency (death or serious illness/injury of a family member or significant other,) family members should call (740) 249-8061 and the message will be forwarded so you may respond to the situation as needed.
- No smoking will be permitted in any part of the Comfort Suites building, this includes, but not limited to, the training rooms, living quarters, restrooms, showers or eating areas. Breaks will be provided so that you may have a cigarette in designated areas. This includes smokeless tobacco. All products must be disposed of appropriately. Smoking breaks are a courtesy provided to you by the FCRC of Ohio staff. Breaks are not guaranteed on any regular schedule and will be discontinued completely if anyone in the group abuses smoking privileges.
- Please direct questions or concerns to the Program Coordinator at (740) 249-8061.



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**72-Hour Driver Intervention Program
Initial Application for Service**

Name: _____ DOB: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Male Female

Social Security Number: _____ Driver License #: _____
(Required by Ohio Department of Public Safety)

Home Phone Number: _____ Cell Phone Number: _____

Is it okay to leave a message? (Circle all that apply) Home Cell

BAC Level: _____ Referring Court System: _____

DIP Program to attend: _____

Paid: Yes No When: _____ How: Cash Credit Card Money Order Cashier's Check

Special Needs (medical): Yes No

If yes, please explain: _____

Dietary Restrictions (allergies to food): Yes No

If yes, please explain: _____

Notes: _____

Patient Signature: _____ Date: _____



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**72-Hour Driver Intervention Program
Intake/Screening Interview**

Name: _____ DOB: _____ Age: _____

Address: _____

City: _____ State: _____ Zip Code: _____ Country: _____

Male Female Social Security Number: _____

Home Phone Number: _____ Cell Phone Number: _____

Place of Birth: _____ Driver License #: _____

Referred by: _____ BAC Level: _____

Race: White Asian/Oriental Alaskan Native Black Native American Other

Ethnicity: Puerto Rican Cuban Mexican Hispanic Not of Hispanic Origin

Presenting problem/precipitating factors leading to the need for screening (Why are you attending the DIP Program): _____

Education

What is the highest grade level you completed in school, including college (mark one):

<u>Level</u>	<u>Level</u>
Less than Grade 1	4 yrs College/Undergrad Degree
Grade 1-11	Graduate Courses
HS Diploma/GED	Graduate Degree
Trade/Technical School	Postgraduate
Some College	Further Specialized Studies
2 yrs College/Associate	

Are you currently enrolled in school/college? Yes No

If yes, please explain: _____



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Religion

Any specific religious affiliations? _____

Work History

Are you currently employed? Yes No

If not employed, are you disabled? Yes No

If yes, please explain: _____

Are you currently on Ohio Medicaid? Yes No (Need Copy of Card)

Name of your employer: _____

Number of years employed: _____ Occupation: _____

Have you ever lost a job due to drinking/using? Yes No

If yes, please explain: _____

Legal History

Do you have any arrests, OVI's or other alcohol/drug related matters pending? Yes No

If yes, please explain: _____

How many times have you been arrested for DUI/DWI/OVI or reduced charge in the past six (6) years? _____

How many times have you been arrested for DUI/DWI/OVI or reduced charge in your lifetime?

Any previous alcohol/drug arrest record in your lifetime? Yes No

Please list type and date(s): _____

Any previous arrest record not alcohol/drug related in your lifetime? Yes No

Please list type and date(s): _____

Have you been in jail in the past six (6) months? Yes No

Have you ever been arrested for an offense not related to driving which was alcohol related, such as public intoxication, open container, assault, etc. in the past 12 months? Yes No



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While driving during the past 5 years, have you ever been stopped by the police and ticketed for a driving-related offense but not arrested for OVI when you had been drinking or under the influence of drugs? Yes No

Are you currently on probation? Yes No

If yes, with whom and why? _____

Marital Status

Single, Never Married Married Separated Divorced Widow

Are you experiencing problems in your relationship? Yes No

If yes, please explain: _____

Do you have children? Yes No How many? _____ Ages: _____

Military History

Have you ever served in the military? Yes No

Branch of Military: _____ Military Classification: _____

Years of Service: _____ Type of Discharge: _____

Personal Interests

What interests, hobbies, or recreations do you enjoy? _____

How do you spend most of your free time? _____

Medical History

When did you last have a complete physical? _____

Have you ever been advised by a physician that alcohol and/or drug use was harming your health? Yes No

Do you smoke cigarettes or use other forms of tobacco? Yes No

Have you experienced problems in your eating habits? Yes No

If yes, please explain: _____



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Have you ever been told that you have a weight problem? Yes No

If yes, please explain: _____

Do you take any prescription drugs? Yes No

If yes, please list the type and amount used: _____

Do you take over the counter drugs regularly? Yes No

If yes, please list the type and amount used: _____

Do you have any allergies? (medications, food, or in general) Yes No

If yes, please explain: _____

Do you have any special dietary requirements? Yes No

If yes, please explain: _____

Do you have any medical problems? Yes No

If yes, please explain? _____

Females: Are you pregnant? Yes No

If yes, how far along? _____

Alcohol/Drug Use History (Indicate lifetime usage and/or experience patient admits with each of the following chemicals)

Chemical	Yes	No	Chemical	Yes	No
Alcohol			Pain Pills		
Tranquilizers			Stimulants (meth)		
Cocaine			Narcotics		
Barbiturates			Marijuana/Hashish		
Sleeping Pills			Nicotine		
Caffeine			Other (Inhalants, etc.)		



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For each of the drugs/chemicals used, indicate the frequency of usage (Start with first use and work to present, giving a detailed history), amount typically used on a given occasion, age of first usage, date of last usage and route of administration.

Chemical	Frequency of Usage	Amount Used Per Episode	Age of First Use	Date of Last Use	Route of Administration (Oral/Smoked/Snorted/Injected)

Comments: _____

How many years have you been drinking and/or using drugs? _____

How would you describe your drinking/drug behavior?

- No Problem
- Slight Problem
- Moderate Problem
- Severe Problem

How many times have you received alcohol or drug treatment from other than self-help groups during the past 6 years? _____

How many times have you received alcohol or drug treatment from other than self-help groups in your lifetime (this includes assessments, past 72-hour DIP programs, education, and counseling)? _____

Please explain: _____

Patient Signature: _____ Date: _____



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72-Hour Driver Intervention Program

Confidentiality Statement

[5122-29-12]

Client Name: _____

By signing below, I acknowledge the following:

- I will pay \$625.00 for the DIP Program.
- I consent to receive DIP services.
- I have received a copy of the education curriculum for the DIP program.
- I have received the DIP program rules and regulations.
- I have received the DIP program’s client rights and grievance policies and procedures.
- I have received a written summary of the Federal Laws and Regulations pertaining to the confidentiality of client records as required by 42 CFR Part 2.
- I have received a packet containing educational materials on HIV/AIDS, STD’s, Hepatitis A, B, C, and TB.

Federal Law and Regulations do not protect any information about a crime committed by a client, either at the program or against any person who works for the program, or about any threat to commit such a crime. Federal law regulations do not protect any information about suspected child abuse or neglect from being reported under state law to appropriate state or local authorities (See 42 USC 290 DD-3 for Federal Laws and 42 CFR Part 2 for Federal Regulations.) 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 written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, 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 the 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 any disclosure.)

Client’s Signature

Date

Counselor’s Signature

Date



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Authorization for Release of Information

Expires: 1 year from _____
(Date of Authorized Client Signature on this form)

Client Name: _____ Date of Birth: _____

Note: All matters relating to alcohol or drug abuse records are considered privileged and confidential and treated as such by the employees of the program. Information regarding such matters cannot be given out without the consent of the client.

Name of Individual or Organization: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Purpose or need for disclosure: Please check applicable item(s):

- Continuity of Care Resolution of Legal Matters Personal

Specific Information to be Disclosed: Please initial applicable item(s)

Assessment		Behavioral Data		Diagnosis & Prognosis		Recommendations
Referrals		Attendance		Progress Notes		Progress
Lab Results		Psychiatric Evaluation		Drug Screen Results		Financial & Billing
Emergency Contact		Messages		Case Manager Services		Other

Other: _____

Amount of Information to be Disclosed:

- Information covering the most recent admission Information covering all previous admissions Information covering DIP Program

The following rules apply as it relates to the timeline and revocation of the release of information. This release of information naturally expires 1 year from the date of the authorized signature, or this release of information expires 6 months post discharge from care if it is not revoked prior to discharge or does not expire naturally within the 1-year time frame from the authorized signature.



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Phone: 1-740-249-8061
Fax: 1-740-371-5499

I understand that this consent is subject to 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. My refusal to sign this authorization will **NOT** affect my ability to obtain treatment, payment, or enrollment in a health plan.

As required by section 2.32(a). Prohibition on 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 of this information 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 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.

Signature of Client

Date

Signature of Staff/Witness

Date

For Office Use Only	
Staff Person Releasing Information: <i>FCRC Authorized Staff ONLY</i>	Date:

I recognize that any action and communication that has already occurred prior to the revoking of the Release of Information was acted upon with the understanding that the Release of Information was active at that time. Upon signing below, the Release of Information is no longer active and cannot be acted upon by FCRC of Ohio staff members. Should you change your mind and consent for future communication between FCRC of Ohio and the listed party, a new Release of Information will need to be signed at that time.

Signature of Client

Date

Signature of Staff/Witness

Date