

ALCOHOL DRUG INFORMATION SCHOOL ~ ADIS & VICTIM PANEL REGISTRATION

Welcome to Associated Behavioral Health Please fill out the following information packet as completely and accurately as possible. Note that all information that you give is confidential and will be strictly confidential (as disclosed in the confidentiality section) Please feel free to ask any questions you may have as you fill out the following information

PERSONAL HISTORY

How were you referred to us today? (Please check) Attorney Probation / Court Friend Internet Other
 Yellow Pages Name & Location of referral source: _____

Today's Date _____ Office Location (Please check one): Bellevue North Seattle West Seattle

Legal Name: _____
First Middle Last

Address: _____
City State Zip

Home / Cell Phone () _____ Email: _____

Drivers License or ID # _____ Social Security: _____

Date of Birth: _____ Sex: Male Female

Emergency Contact: _____ Phone: () _____
Name Relationship

Have you been a patient here before? YES NO If yes, when: _____

What is the issue(s) that brought you to us today? _____

Are there any special needs our staff should be aware of today? _____

What is it that you would like to gain from this class today? _____

LEGAL HISTORY (*required for Certificate)

Current Legal Offense(s) pending: _____ Date of Offense: _____

Case Number: _____ Next court date: _____ Jurisdiction/Location: _____

The Certificate of Completion needs to be submitted to the following Reporting Agent(s):

KING COUNTY

KCDC EAST DIVISION: BELLEVUE ISSAQUAH REDMOND **KCDC SOUTH DIVISION:** BURIEN KENT RJC

KCDC WEST DIVISION: SEATTLE SHORELINE **MUNICIPAL COURTS:** AUBURN BOTHELL DES MOINES

FEDERAL WAY ISSAQUAH KENT KIRKLAND LAKE FOREST PARK MERCER ISLAND RENTON

SEATTLE J.C. TUKWILA **SNOHOMISH COUNTY: SCDC** CASCADE DIV EVERETT DIV EVERGREEN DIV

SOUTH DIV **MUNICIPAL COURTS:** EDMONDS EVERETT LYNNWOOD MARYSVILLE

OTHER COURTS NOT LISTED: _____

ATTORNEY: _____



CONSENT FOR A/DIS Alcohol Drug Information School And the Victims Panel

I, _____ DOB: _____ CASE #: _____
(print name clearly)

authorize Associated Behavioral Health to disclose / exchange the following information to / with:

KING COUNTY

KCDC EAST DIVISION: BELLEVUE ISSAQUAH REDMOND KCDC SOUTH DIVISION: BURIEEN KENT
 RJC KCDC WEST DIVISION: SEATTLE SHORELINE MUNICIPAL COURTS: AUBURN BOTHELL
 DES MOINES FEDERAL WAY ISSAQUAH KENT KIRKLAND LAKE FOREST PARK
 MERCER ISLAND RENTON SEATTLE J C TUKWILA

SNOHOMISH COUNTY:

CASCADE DIV EVERETT DIV EVERGREEN DIV SOUTH DIV
MUNICIPAL COURTS: EDMONDS EVERETT LYNNWOOD MARYSVILLE

PIERCE COUNTY:

PIERCE CTY DISTRICT MUNICIPAL COURTS: BONNEY LAKE GIG HARBOR
 LAKEWOOD PUYALLUP SUMNER TACOMA

OTHER COURTS NOT LISTED: _____

ATTORNEY: _____

For the purpose of an exchange of information; BY PHONE; FAX; LETTER

(initials required proceeding each box checked)

_____ [] A/DIS ~ Alcohol Drug Information School attendance Certificate of Completion

_____ [] Victim Panel attendance Certificate of Completion

I understand that my A/DIS & Victim Panel records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR, Part 2 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. This release will expire thirty (30) days after completion of court proceedings or after discharge from treatment which ever is latest.

I further acknowledge that the use of this information was explained to me and is given voluntarily by me and of my own free will.

Signature of client Date Signature of agency representative Date

This information has been disclosed to you from records whose confidentiality is protected by Federal Law. Federal Regulations (42 CFR, Part 2) prohibit you from making any further disclosure of it without specific written consent of the person to whom it pertains, or as otherwise permitted by such regulations. A general authorization for the release of medical or other information is NOT sufficient for this purpose. Rev. 12/12/07