

This notice accompanies a disclosure of information concerning a court alcohol and drug program client that is made to you with the client's consent. This information has been disclosed to you from records that are protected by Federal confidentiality rules (42 C.F.R. Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure 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 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.

Name of Program
Address
Phone

INDIVIDUAL SERVICE CONTRACT

*Name: _____ Date of Birth: _____

Cause Number: _____ Referral Court: _____

*Evidence Supporting Referral: _____ (this includes blackouts, past periods of abstinence, past treatment, current or past legal, tolerance, daily drinking/using, etc.—could be in a checklist format)

*Required Services:

- _____ No Services Required
- _____ Psychiatric Evaluation
- _____ Substance Abuse Evaluation
- _____ Substance Abuse Information (Minimum 8 hours)
- _____ Basic Substance Abuse Education (Minimum 10 hours)
- _____ Advanced Substance Abuse Education (Minimum 20 hours)
- _____ Breathalyzer / Urinalysis
- _____ 12-step groups _____ times per week
- _____ Individual Counseling
- _____ Group Counseling
- _____ Remain abstinent from all mood-altering chemical
- _____ Other _____

*Client input in plan: none, client wants to get a job, GED, work on anger issues, abuse issues, refuses services, Spanish-speaking counselor/instructor, etc

Client is referred to the following agencies:

Agency: _____ Agency: _____
 Address: _____ Address: _____
 Phone: _____ Phone: _____
 Contact/Appointment Date _____ Contact/Appointment Date _____

*I understand and have participated in the development of this contract. I understand that I must complete the above requirements in order to fulfill this contract and failure to do so could result in my return to court and possible further disposition of my case. I have received a copy of this contract.

*Client Signature _____ *Date

*Assessment Staff Signature _____ *Date