Dharma Counseling Services
Phone (919)655-9077 Fax (919) 457-0300
Instructions for Referral Package

Please download and save or print this packet to complete at your convenience and in private, prior to your appointment time. Bring this package with you to your appointment, or send it back when completed by fax or email. This will save valuable time for you and ensure that your assessment will be completed in one appointment.

1. Please complete the **FACE Sheet**, sign the consent for treatment/care at the bottom of the page.
2. Read and sign the **Client Rights/Grievance/confidentiality Policy** form.
3. Print your full name, initial all limes at X's , write in your attorney's name and sign the **Authorizations to Release** form. (Initials at DWI Services and DMV are only for DWI cases)
4. Complete the **Medical History/Self-Questionnaire** as best as possible. If you don't understand something, just circle it and move on.

Fax to 919-457-0300 or email to: dharma@dharmacounselingservice.com or bring to appointment.

Treat this package as **highly sensitive confidential information** to be shared only with the counselor during your assessment. Assessment Services Guideline:

Client assessments, treatments and education sessions are provided by Dharma counseling Services (DCS). Based on the results of the assessments, DCS may recommend a possible variety of services including follow-up educational sessions, treatment, counseling, & or referrals for outside services.

Please note the following:

- Appointments are usually one hour in length. More time may be necessary and follow-up appointments may be needed in some cases.

If you need to reschedule for any reason, please contact dharma@dharmacounselingservice.com as quickly as possible. Giving us at least 24 –hour advance notice will allow us to reschedule someone else in that appointment time. Please have your paperwork filled out as completely as possible prior to your appointments. If you don't understand something or do not wish to sign a document, complete what you can and bring everything to your appointments for clarifications.

Documents necessary for a DWI Assessments include:

- A copy of your citation or arrest report
- BAC reading if available
- A non-certified copy of your NC driving record. Contact DCS for instructions.

Please be prepared to pay your assessments fee in cash at time of service.

We look forward to seeing you soon!
Sincerely,
Dharma Counseling

DHARMA COUNSELING SERVICES
NC DHHS DWI FACILITY #51194
3325 Chapel Hill Blvd, Ste, 230 C DURHAM, NC 27707
Phone: 919-655-9077, Fax: 919- 457-0300

FACE SHEET

CLIENT NAME: ---------- D.O.B----------
ADDRESS: (Local)----------

City state Zip

Address (Other): ----------

Telephone Number:----------(Home)----------(Cell)
EMAIL ADDRESS: ----------
SOCIAL SECUTIRY #:----------
Driver License#: ---------- State---------- * NC Customer#----------
EMERGENCY CONTACT: ----------
TELEPHONE NUMBER:----------RELATIONSHIP:----------
REFERRAL SOURCE: ----------
ASSESSMENT DATE:----------

*If you are an out of state driver with a N.C, DWI, you must call 919-715-7000 and ask for your N.C Customer number prior to your assessment . Order your N.C driving record by mail using your N.C customer number as soon as possible. We can help with this process, just ask!

CONSENT FOR TREATMENT/CARE:

By signing below, I am indicating that I consent for the clinical interview and offering the information necessary to complete a Substance Abuse Evaluation/DWI assessment. I understand that it is my responsibility to provide this facility with a Copy of my Driving Record, a copy of the ticket/citation, and a copy of the BAC reading, if available. I understand that I must make every effort to do so. I also understand that it is MY responsibility to notify this facility of the outcome of the Court Case so that the appropriate documents can be provided to the necessary parties to which I have provided written consent.

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Client signature Date

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MEDICAL HISTORY QUESTIONNAIRE**:**

NAME: ----------

NURRITIONAL SCREENING:

1. What is your normal weight?----------
2. Have you lost or gained weight recently? Yes----- NO------

Medical symptoms:

Please list any current medical problems: ----------

Are you currently taking any medications? --------- yes----------No

If yes, please list:

HOSPITALIZATION OR SURGERIES (Include medical & Psyc)

----------yes----------No

Date: Reason: Where:

Have you even been arrested for DWI/DUI? ---------- If yes, see below"

Year BAC Count/State/ Outcome

---------- ------ ----------
------ ----------Any other current legal charges? ---------- If yes, Explain below

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CURRENT USE:

How often do you consume alcoholic beverage (circle answer)? Daily # of drinks---------- weekly # of drinks-------- Monthly # of drinks------ SPECIAL OCCASION----------

If you are currently using any drugs, is your use (check answer):

-----Daily ----------WEEKLY -------MONTHLY ----------SPCIAL OCCASIONS

Have you ever injected any drugs into your body? -------Yes-------No. Number of times:-----

Have you ever been tested for HIV or AIDS?-----Yes-------No. If yes, Positive or negative.

Have you even tested Hepatitis C? ---------Yes ------No. If Yes, Positive or Negative.

FAMILY HISTORY OF ALCOHOLISM/ ADDICTION:

Are there alcohol or drug problems that run in your family? ------Yes------- No. If yes, please Explain: ----------

Healthy Insurance: --------yes----------No. Provider: ----------

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Client signature Date Staff signature Date

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Client Rights and Responsibilities / Grievances Document / Confidentiality

Client Rights and Responsibilities:

I understand my basic rights as a client. These rights include:

1) To be treated with dignity and respect;
2) To have your request for services handled without regard to your race, religion, sex, ethnicity, age or handicap.
3) To receive prompt and adequate assessment of your needs and related information;
4) To have adequate and human services provided regardless of financial support;
5) To have care and treatment provided by qualified staff to whom you are introduced by name and title; 6) To receive proper explanation of treatment, restrictions, and alternative treatment procedures as applicable;
7) To have a service plan developed for your individual needs with your (family's as appropriate) involvement in the treatment planning and review of the treatment;
8) To be given information about any proposed changes in treatment or staff;
9) To have pleasant, comfortable, and sanitary treatment environment;
10) To have any use of tape recorders, audiovisual/other such equipment or any experimental/research procedures used only with proper and informed consent;
11) To receive reasonable planning regarding your needs following termination of treatment;
12) To know that your records are protected under Federal and State Confidentiality Regulations which prohibit unauthorized disclosure of information.

Grievance Policy:

I understand that if I have a complaint/grievance, I should: First contact Dharma counseling Services directly to find a resolution. I understand that I have a right to contact the agencies below at any time to discuss my complaint/grievance:

State Office of DWI Services: www.ncahhs.gov/mhddsas/dwi 3008 Mail Service Center, Raleigh, NC 27699-3008, Ph: 919–733-0566 Fax. 919-508-0963
Lynn B. Jones – lynn.b.jones@dhhs.nc.gov, Jason Reynolds – jason.reynolds@dhhs.nc.gov,
Marcie Blevins-marcie.blevins@dhh.nc.gov, Shenita Wilder-shenita.wilder@dhhs.nc.gov

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services
www.ncahhs.gov/mhddsas Advocacy and Customer Service Section: 919-715-3197, DHHS CARE-LINE: 1-800-662-7030 (Voice/Spanish)

North Carolina Substance Abuse Professional Practice Board
www.ncsappb.org P.O. Box 10126 Raleigh, NC 27605 Ph: 919-832-0975 Fax. 919-833-5743 Anna Bridgers Misenheimer, Executive Director Barden Culbreth, Associate Executive Director

Disability Rights NC www.disabilityrightsnc.org 2626 Glenwood Avenue, Suite 550, Raleigh, NC, 27608 (877) 235-4210 or (919) 856-2195 Email: info@disabilityrightsnc.org

CONFIDENTIALITY

The confidentiality of alcohol and drug abuse patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside the program that a person attends the program, or disclose any information identifying a patient as an alcohol or drug abuser unless:
1) The client consents in writing. 2) The disclosure is allowed by a court order; or 3) the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit, or program evaluation.
Violation of the Federal law and regulations by a program is a crime. Suspected violations may be reported to appropriate authorities in accordance with Federal regulations. Federal laws and regulations do not protect any information about a crime committed by a patient either at the program or against a person who works for the program or about any threat to commit such a crime. Federal laws and regulations do not protect any information about suspected child abuse or neglect from being reported under State law to appropriate State or local authorities.
I, the undersigned, do acknowledge receipt of this notice of confidentiality of my presence in this program and the confidentiality of my records.

I certify that I have read understand this Client Rights/Grievance/Confidentiality Policy.

Client's Signature: ---------- Date_____

Counselor's Signature:---------- Date_____

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AUTHORIZATION TO RELEASE CONFIDENTIALINFORMATION

I, _____, authorize, Dharma Counseling Services, (DCS) to disclose to the following person or organization below (*Please check only one box per release and fill in contact name & information*)

☐ DWI Services & Division of MH & SA Services:_____

☐ Probation/ParolOfficer:_____

☐ Mental Health or Substance Abuse Provider: _____

☐ Employer_____

☐ Attorney_____

☐ Other_____

The following information: results of assessment, record of participation in and/or completion of required or recommended treatment program, urine drug screen reports, and 508 forms.

I further authorize_____
Name of person or facility disclosing information to Dharma Counseling Services

to forward the following information: results of assessment, record of participation in and/or completion of required or recommended treatment program, urine drug screen reports, and 508 forms.

The purpose of the disclosure authorized herein is to: Facilitate completion of assessment & treatment requirements. The doctrine of informed consent has been explained to me and I understand that my records are protected under the federal regulations governing Confidentiality of Mental Health and Alcohol and Drug Abuse Patient Records (42 CRF Part 2) and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I further understand that Dharma counseling Services will not condition my treatment on whether I give authorization for the requested disclosure. However, it has been explained to me that failure to sign the authorization may hinder the effectiveness of my treatment and/or outcome of any legal case that may be associated with my treatment. 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, and that in any event this consent expires as follows: *(client to initial all that apply)*

___ (Initial) There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or

___ (Initial) There has been complete resolution of my DWI case(s), or

(Specify other date, event, condition upon which consent expires)

Client Signature: _____ Date: _____

Parent/Guardian: _____ Date: _____

Staff Signature: _____ Date: ----------

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Notification of Communication Authorization

Due to Federal regulations created as a result of the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Law, we need written authorization to release information and leave messages via email, on your answering machine or voice mail. It is important that we are able to contact you by the easiest means possible. We will not leave any information on any email, phone or other device you do not provide permission to do so.

Typical information would be to remind of upcoming or missed sessions; request information concerning insurance billing or authorizations; reminders concerning when an assessment will expire; for DWI clients, reminding that we must have conviction dates or we are unable to complete your paperwork to release the hold on your driver's license; or any information that is relevant to assisting you with your treatment progress or needs.
We will never send or leave extremely sensitive information -- medical, legal or other -- without your expressed permission. We will never reveal any information to family members. We will not even acknowledging you have ever been to Dharma Counseling Services, without a separate authorization to release information specifically to them, approved and signed by you in advance.

☐ **YES:** It is okay to send messages and release program participant information as stated above on my email at this email address:
_____

☐ **YES**: It is okay to leave messages and release program participant information as stated above on my voicemail at this phone number:
_____

☐ **NO**: It is **NOT** okay to leave messages and release program participant information as stated above, *below are my instructions for leaving information and messages:*

I have read and understood this statement of Dharma Counseling Services, Communication Policies and, if I requested a copy of this document, I have received a copy of it. I have also received a copy of Dharma Counseling Services' Confidentiality Statement.

Printed Name: _____
Client Signature: _____ Date:----------