

Intoxicated Driver Resource Center

**CLIENT SELECTION OF AFFILIATE**

Name of Client	County IDRC <b>Monmouth</b>
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I am a client of the Intoxicated Driver Resource Center of the above-named county or regional program, and have been referred to additional assessment, education or treatment for completion of my IDRC program requirements.

This statement is to certify that a list of approved treatment providers has been shown to me and that I selected the following program:

Name of Treatment Program
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At no time was I pressured or coerced by IDRC personnel to choose one treatment program over another. (If a counselor or IDRC staff person recommended any of the treatment programs on the approved list, please indicate the reason for the recommendation):

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**CONFIDENTIALITY OF ALCOHOL AND DRUG ABUSE PATIENT RECORDS**

The confidentiality of alcohol and drug patient records maintained by this program is protected by Federal law and regulations. Generally, the program may not say to a person outside this program that a patient attends the program or disclose any information identifying a patient as an alcohol or drug abuser unless:

1. The patient consents in writing
2. The disclosure is allowed by court order
3. The disclosure is made to medical personnel in a medical emergency or to a 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 law and regulations do not protect any information about a crime committed by a patient either at the program or against any person who works for the program or about any threat to commit such a crime.

Federal law 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.

Signature of Client	Date
Signature of County IDRC Representative	Date