

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: \_\_\_\_\_

Clinical Impression:           (Alcohol Abuse, Cannabis Dependence, Anger Management Issues, etc)          

\*Supporting Evidence:           (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:

- |  |  |
|--|--|
| _____ Substance Abuse Information<br>(Minimum 8 hours)         | _____ Intensive Outpatient Program                         |
| _____ Basic Substance Abuse Education<br>(Minimum 10 hours)    | _____ Individual Counseling for<br>_____                   |
| _____ Advanced Substance Abuse Education<br>(Minimum 20 hours) | _____ 12-step groups _____ times per week                  |
| _____ Outpatient Group Counseling<br>(Minimum 1x wk)           | _____ Remain abstinent from all<br>mood-altering chemicals |
| _____ Other _____  | _____ Breathalyzer / Urinalysis                            |

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.

Agency: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Contact 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

\*Denotes area required by Governing Rules  
7-05-la