

**Juneau Alcohol Safety Action Program**  
**3406 Glacier Hwy. Juneau, AK 99801**  
**Phone: (907) 463-6804 Fax: (907) 463-4399**  
**JASAP Open Hours: Mon. - Fri. 8:00AM to 4:00 PM**

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**GENERAL DIRECTIONS FOR FILLING OUT THE JASAP INTAKE**  
**PACKET**

The JASAP intake packet consists of six pages, including the following:

- **PRIVACY NOTICE-** please initial the first page, and sign and date page 2.
- **MULTIPLE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION-** please print your first and last name, date of birth, and initial each section:
  1. Alaska Court System (required),
  2. Prosecuting Attorney (required),
  3. Agency (this is the treatment agency of your choice should ASAP require a screening and substance use assessment\* see below),
  4. your attorney (optional),
  5. Interpreter (optional/if needed),
  6. Alaska Department of Corrections (required).

Please sign and date the form.

- **Division of Motor Vehicles Consent for Release of Confidential Information-** Please print your name, print your email address (optional), sign and date.
- **Client Intake Form-** Please complete both pages, and print legibly. Check the applicable boxes in each category.
- **JASAP clients must also submit a copy of their judgement they received in court when sentenced.** If the client does not have a copy, one can be requested from their local District Court clerk's office.

*Please be sure to read each form completely & make copies of them to keep before sending the forms to JASAP. If you should have any questions, please don't hesitate to contact JASAP at 907-463-6804.*

\*If you are required to participate in a substance use screening/assessment in Juneau, your agency options include:

- JAMHI Health and Wellness,
- SEARHC Behavioral Health,
- Mt. Juneau Counseling and Recovery/Gastineau Human Services.

Services in Sitka include:

- SEARHC- Sitka Behavioral Health Clinic,
- Sitka Counseling and Prevention Services.

Other Southeast communities: please contact JASAP. Most communities offer services from SEARHC. Clients from outside of Juneau who have been assigned to an Alcohol/Drug Information School can refer to the "ADIS by correspondence-course ordering instructions" document in the list for instructions on how to order the class.

Completed JASAP intake packets can be sent by email or USPS mail to:

[JASAP@jamhi.org](mailto:JASAP@jamhi.org)

OR

JASAP  
3406 Glacier Highway  
Juneau, AK 99801

### **What does JASAP do?**

The Alaska Court System assigns people to the JASAP office when a crime involving alcohol is involved, such as a DUI. JASAP screens these clients & determines whether these clients will be required to participate in an Alcohol and Drug Information School, or complete a substance abuse assessment from an approved treatment provider. JASAP then monitors the client, in an effort to make sure that he/she completes their required treatment program. JASAP reports to the Alaska Court System the client's compliancy with his/her treatment. JASAP communicates with the client's treatment provider by fax, phone or mail, to determine a client's compliancy with his/her program. When the client completes JASAP, written proof of the completion is provided to the client, to satisfy court requirements, and/or DMV licensing requirements.

Some clients are not court-ordered to participate in the program, but do so in an effort to satisfy the requirement for completion in an effort to get their driver's license back. In this case, all required intake paperwork and fees are the same. If an old JASAP case was not completed, the client will need to pay an additional \$100 case re-opening fee, in addition to the original case management fee. Please call 907-463-6804 for further questions about JASAP.

**Alaska Department of Health  
Division of Behavioral Health/ASAP**

## PRIVACY NOTICE

**THIS NOTICE DESCRIBES HOW MEDICAL AND DRUG AND ALCOHOL RELATED INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION. PLEASE REVIEW IT CAREFULLY.**

### **ASAP's Duties**

The Alaska ASAP System monitors misdemeanor substance abuse related offenses for the court. With releases of information ASAP can communicate and coordinate court cases statewide. This means that the Alaska ASAP system can exchange information between ASAP locations to facilitate the overall monitoring of your case(s). ASAP is required by law to maintain the privacy of your treatment information and to provide you with notice of its legal duties and privacy practices with respect to your treatment information. The following information will assist you in understanding your rights to privacy of information.

Please understand that generally the ASAP System may not condition your treatment/services on whether you sign a consent to release information form, but in certain limited circumstances services may be denied if you do not sign the consent form. **Failure to sign the ASAP release will cause your case to come to a stop and generate a report informing the referring agency of your decision.**

### **General Information**

Information regarding your substance abuse treatment, including payment for treatment, is protected by two federal laws: the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 45 C.F.R. parts 160 & 164 and the Confidentiality Law, 42 C.F.R. Part 2. Under these laws, the Alaska Alcohol Safety Action Program (ASAP) System may not identify you as an alcohol or drug abuser or disclose any other protected information to anyone without your specific written permission except as permitted by federal law.

As per Alaska Administrative Code (7 AAC 80.210); ASAP is required to charge fees for each case ordered by the courts and or the DMV, reassigned by the courts and if opened / re-opened as a self referral by the clients choice. Also to be in compliance and or complete with ASAP all balances must be paid in full.

ASAP must obtain your written consent before it can disclose information about you. For example, ASAP must obtain your written consent before it can disclose information to a treatment agency that provides you with an assessment. However, federal law does permit ASAP to disclose information without written permission under the following conditions:

1. Pursuant to an agreement with a business associate;
2. For Research, audit or evaluation;
3. To report a crime committed on ASAP premises or against ASAP personnel;
4. To medical personnel in a medical emergency;
5. To appropriate authorities to report child abuse or neglect;
6. As allowed by a court order

Client initials: \_\_\_\_\_

For example, ASAP can disclose information without your consent to obtain legal or financial services, or to another medical facility to provide treatment to you, as long as there is a qualified service organization/business associate agreement in place.

### **Your Rights**

Under HIPAA you have the right to inspect and copy your own treatment information maintained by the ASAP System, except to the extent that the information contains psychotherapy notes or information compiled for use in civil, criminal or administrative proceedings or in other limited circumstances. Under HIPAA you also have the right, with some exceptions, to amend health care information maintained in ASAP records, and to request and receive an accounting of disclosure (made after April 14, 2003) of your treatment related information for up to a six year period prior to your request. You also have the right to receive a paper copy of this notice.

ASAP is required by law to abide by the terms of this notice. ASAP reserves the right to change the terms of this notice and make new notice provisions effective for all protected treatment information it maintains. A copy of this change will be mailed to you within 30 days of the change.

You may contact ASAP and/or the Secretary of the United States Department of Health and Human Services if you believe that your privacy rights have been violated under HIPAA. A letter describing your complaint should be filed with the Alaska ASAP Program Coordinator at 303 K St., Anchorage, Alaska 99501, as soon as possible.

Violation of the Confidentiality Law by a program is a crime. Suspected violations of the Confidentiality Law may be reported to the United States Attorney in the district where the violation occurs.

A consent to release information is valid until you decide you want to stop the release of information process which is called revoking. A revocation must be in writing and means no further information may be released, however any information which has already been released cannot be recalled.

### **Contact**

For further information contact the Alaska ASAP Program Coordinator at 303 K St., Anchorage, Alaska 99501. (907) 264-0735.

**Your signature below indicates you have received a copy of this notice.**

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

**Effective Date:** April 24, 2003

**Alaska Department of Health  
Division of Behavioral Health/ASAP  
MULTIPLE CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION**

I, \_\_\_\_\_ DOB \_\_\_\_\_,

(Please Print legibly)

authorize the Alaska Alcohol Safety Action Program (ASAP) System to exchange verbal, written and electronic information with:

**(Designate with your initials each agency or individual you are authorizing ASAP to communicate with)**

\_\_\_\_ 1. Alaska Court System

\_\_\_\_ 2. Prosecuting Attorney

\_\_\_\_ 3. Agency (Print agency name and phone) \_\_\_\_\_  
(Name of agency)

\_\_\_\_ 4. Personal Attorney (name and phone number) \_\_\_\_\_

\_\_\_\_ Public Defender Agency \_\_\_\_ Denali Law Group (initials give permission for everyone in the PDA or DLG office)

\_\_\_\_ 5. Interpreter or Individual (Print Name and phone number) \_\_\_\_\_

\_\_\_\_ 6. Alaska Department of Corrections

The following information will be disclosed:

- |  |   |
|--|---|
| * My name and other personal identifying information   | * Name of agency where I received treatment |
| * My status as a patient in alcohol and/or drug treatment  | * Assessment/evaluation results             |
| * Attendance and compliance with treatment   | * Fee status for ASAP and referral agency   |
| * Recommendations for further treatment services   | * Drinker classification criteria           |
| * Reports from collateral individuals or agencies  | * Traffic and criminal record               |
| * Discharge plan/summaries to include discharge dates & status                                     |   |
| * AKAIMS intake, consent, Episode, Miscellaneous ASAP notes regarding treatment service compliance |   |

The purpose of this exchange, authorized by this consent, is to provide information to facilitate substance abuse education/treatment mandated by the court and/or prosecuting attorney

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts 160 & 164 and **cannot be disclosed without my written consent unless otherwise provided for in the regulations.** I 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 automatically when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I am mandated to the Alaska ASAP system. I understand that if I choose to revoke this consent it must be in writing. I understand that health information covered by federal law 42 C.F.R. Part 2 Alcohol & drug abuse records prohibits any further disclosure of information that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 C.F.R. Part 2.

I understand that generally the ASAP System may not condition my services /treatment information on whether I sign this consent form, but in certain limited circumstances I may be denied ASAP services if I do not sign the consent form.

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent, guardian or  
authorized representative when required)

\_\_\_\_\_  
(Description of Authorized Representative Authority)

Treatment agency written communication to Anchorage ASAP should be made to the attention of:  
Louis Imbriani, ASAP Program Coordinator.

**Alaska Department of Health  
Division of Behavioral Health/ASAP  
DIVISION OF MOTOR VEHICLES CONSENT FOR RELEASE OF CONFIDENTIAL  
INFORMATION**

I, \_\_\_\_\_ authorize the Alaska Alcohol Safety  
(Please Print)

Action Program System (ASAP) to exchange information with the Alaska Division of Motor Vehicles (DMV) by providing the following information:

- \* My name and other identifying information
- \* My status as a patient in alcohol and/or drug treatment
- \* Fee status for ASAP and referral agency

The purpose of this exchange is to provide information about my compliance with the requirements for the Alaska Division of Motor Vehicles.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 C.F.R. Part 2, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. Pts 160 & 164 and **cannot be disclosed without my written consent unless otherwise provided for in the regulations.** I 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 automatically when there has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I am mandated to the Alaska ASAP system. I understand that if I choose to revoke this consent the revocation must be in writing.

I understand that generally the ASAP System may not condition my services/treatment information on whether I sign this consent form, but in certain limited circumstances I may be denied ASAP services if I do not sign the consent form.

In order to comply with above federal regulations. I authorize ASAP and its agents to send a copy of the DMV correspondence to the following email address upon my request:

\_\_\_\_\_  
(Email Address)

I attest that I am the administrator of the email address and hold control over the account information and log in.

\_\_\_\_\_  
(Signature of client)

\_\_\_\_\_  
(Date)

\_\_\_\_\_  
(Signature of parent, guardian or  
authorized representative when required)

\_\_\_\_\_  
(Description of Authorized Representative  
Authority)

Date \_\_\_\_\_

## ASAP CLIENT INTAKE FORM

ASAP File # \_\_\_\_\_

Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ ADL # \_\_\_\_\_  
First Middle Last

Gender: M / F (circle one) Date of Birth \_\_\_\_\_ Social Security # \_\_\_\_\_

Mailing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Email: \_\_\_\_\_

**ETHNICITY-Check one**

- ☐ Not Spanish/Hispanic/Latino Mexican  
☐ Chicano/Other Hispanic  
☐ Cuban  
☐ Hispanic-Specific origin not specified  
☐ Mexican American  
☐ Puerto Rican  
☐ Spanish/Hispanic/Latino

**ENGLISH FLUENCY**

- ☐ Excellent  
☐ Good  
☐ Moderate  
☐ Poor  
☐ Not at all

**United States Citizen**

- ☐ Yes ☐ No

If not U.S. Citizen, specify citizenship \_\_\_\_\_

State preferred language if other than English \_\_\_\_\_

Interpreter  
Needed?

- ☐ Yes  
☐ No

**RACE(s)-Check all that apply**

- ☐ Aleut  
☐ Asian  
☐ Athabascan (other than American Indian)  
☐ Black/African American  
☐ Caucasian  
☐ Haida  
☐ Inupiat  
☐ Native Hawaiian  
☐ Other Alaska Native  
☐ Pacific Islander  
☐ Tlingit  
☐ Tsimshian  
☐ Yupik  
☐ Other \_\_\_\_\_

**EDUCATION-Check One**

- ☐ No schooling  
☐ 1<sup>st</sup> grade  
☐ 2<sup>nd</sup> grade  
☐ 3<sup>rd</sup> grade  
☐ 4<sup>th</sup> grade  
☐ 5<sup>th</sup> grade  
☐ 6<sup>th</sup> grade  
☐ 7<sup>th</sup> grade  
☐ 8<sup>th</sup> grade  
☐ 9<sup>th</sup> grade  
☐ 10<sup>th</sup> grade  
☐ 11<sup>th</sup> grade  
☐ GED
- ☐ High School Diploma (not GED)  
☐ Vocational Training  
☐ Special Ed. Ungraded Classes  
☐ Bachelor Degree (BA or BS)  
☐ Grad. Work No Degree  
☐ Masters Degree  
☐ Doctorate/Professional Degree  
☐ Post Secondary - 1 yr.  
☐ Post Secondary - 2 yrs.(incl. AA degree)  
☐ Post Secondary - 3 yrs.  
☐ Post Secondary - 4 yrs. No Degree  
☐ Other \_\_\_\_\_

**SPECIAL NEEDS**

- ☐ Developmentally Disabled  
☐ Fetal Alcohol Spectrum Disorder  
☐ Major Difficulty in Ambulating or Non ambulation  
(walking about)  
☐ Moderate to Severe Medical Problems  
☐ Organically Based Problem  
☐ Severe Hearing Loss or Deaf  
☐ TBI  
☐ Visual Impairment or Blind  
☐ Other \_\_\_\_\_  
☐ None

**VETERAN STATUS (Check all that apply)**

- ☐ Never in Military  
☐ Vietnam Era Vet; Combat  
☐ Vietnam Era Vet; Non-Com  
☐ Gulf War Vet; Combat  
☐ Gulf War Vet; Non-Combat  
☐ Afghan War Vet; Combat  
☐ On Active Duty; Combat  
☐ On Active Duty; No Combat  
☐ Reserves or National Guard  
Combat  
☐ Reserves or National Guard; No-  
Combat
- ☐ Retired f/Military;  
Non-Combat  
☐ Retired f/Military;  
Combat  
☐ Veteran, other Eras  
☐ Military Dependent  
☐ Not Applicable

Date \_\_\_\_\_

## ASAP CLIENT INTAKE FORM

ASAP File # \_\_\_\_\_

Name: \_\_\_\_\_

**MARITAL STATUS**

- ☐ Single  
☐ Married  
☐ Separated  
☐ Divorced  
☐ Widowed

**OCCUPATION/INDUSTRY**

- ☐ Executive/Administrative Managerial  
☐ Professional and Technical  
☐ Marketing and Sales  
☐ Administrative/Clerical Support  
☐ Service Workers  
☐ Mechanics/Installers/Repairers  
☐ Construction/Trades  
☐ Laborers/Equipment Cleaners  
☐ Farmer/Fishing  
☐ Other

**EMPLOYMENT STATUS**

- ☐ Employed  
☐ Unemployed  
☐ Retired

**ANNUAL INCOME**

- ☐ 0-\$9,999  
☐ \$10,000-\$19,999  
☐ \$20,000-\$34,999  
☐ \$35,000-\$49,999  
☐ \$50,000 or greater

**OTHER REQUIREMENTS/AGENCIES**

- ☐ None  
☐ Mental Health Counseling  
☐ Dual Diagnosis  
☐ Parenting classes  
☐ DOC/Probation  
☐ OCS  
☐ Anger Management  
☐ Other

**FAMILY HISTORY OF ALCOHOLISM**

If Yes, check all that apply

- ☐ No history  
☐ Mother  
☐ Father  
☐ Grandparents  
☐ Relatives other than parents or grandparents

**HISTORY OF BLACKOUTS**

Most Recent

- ☐ Within past 3 months  
☐ 3-6 months ago  
☐ 6-12 months ago  
☐ More than a year ago  
☐ No History

**PROBLEM WITH ALCOHOL or DRUGS**

- ☐ Yes  
☐ No  
☐ Maybe

**PRIOR SUBSTANCE ABUSE EDUCATION OR TREATMENT HISTORY**Agency & LocationDates AttendedCompleted?

- |  |          |
|--|----------|
| <input type="checkbox"/> ADIS/Education _____        | Yes / No |
| <input type="checkbox"/> Outpatient _____            | Yes / No |
| <input type="checkbox"/> Intensive Outpatient _____  | Yes / No |
| <input type="checkbox"/> Aftercare _____             | Yes / No |
| <input type="checkbox"/> Inpatient/Residential _____ | Yes / No |
| <input type="checkbox"/> Other _____                 | Yes / No |

**CRIMINAL HISTORY OUTSIDE OF STATE OF ALASKA**State/Charge/Date of OffenseConvicted?State/ Charge /Date of OffenseConvicted?

- |       |          |       |          |
|-------|----------|-------|----------|
| _____ | Yes / No | _____ | Yes / No |
| _____ | Yes / No | _____ | Yes / No |
| _____ | Yes / No | _____ | Yes / No |