



ABSOLUTE ADVOCACY^{LLC}

CLIENT FACE SHEET

Date: _____ SS#: _____

Name: (First) _____ (MI) _____ Last) _____

Address: _____ Contact Phone: _____

City/Zip: _____ Work Phone: _____

Employer: _____ Race: _____

Male: _____ Female: _____ Date of Birth: _____ Highest Grade Attended: _____

Married: _____ Never Married: _____ Separated: _____ Divorced: _____ Widowed: _____

Emergency Contact: (Name) _____ Relationship: _____

Contact Phone (s): _____

DWI CASES ONLY

County of Arrest: _____

Docket#: _____

Driver Lic#: _____

Arrest Date: _____

Conviction Date: _____ Court Date: _____

Breathalyzer Results:

BAC: _____ #Priors: _____ Confirmed: _____

Recom: _____ DX: _____

Assessor: _____ Date: _____

Reviewed By: _____

Who referred you or how did you choose our agency:

Attorney _____ Probation _____ Employer _____
EAP _____ School _____ Court Mail _____
Internet _____
Former Client _____ Friend _____ Other _____

Attorney: _____
Ph# _____ Fax#: _____

Probation Officer: _____
Fax _____

Client Signature

Date

Date Release Expires
(1 year from today)



ABSOLUTE ADVOCACY^{LLC}

RELEASE/EXCHANGE OF CONFIDENTIAL INFORMATION

Client Name _____ DOB _____

By my signature below, I authorize **Absolute Advocacy, LLC**, to release and exchange information specified below (verbal, written, mail, facsimile), with the following parties:

- North Carolina Department of Human Resources (State DWI Offices)
- North Carolina Division of Motor Vehicles
- North Carolina Department of Correction (Probation/Parole)
- Court of Jurisdiction
- Licensed DWI Service Facilities in all states/jurisdictions
- Licensed Treatment Facilities in all states/jurisdictions
- Department of Motor Vehicles in all states/jurisdictions
- Department of Corrections in all states/jurisdictions
- And my Attorney Office of Records, as an Officer of the Court

Information to be released/exchanged shall include results of the substance abuse clinical assessment; prior conviction and/or treatment; completion/non-completion of program recommended by this assessment; issues related to compliance with program rules; progress while in treatment; recommendations for continuing care; documentation as required by Rules, 10ANCAC 27G.3809, driving record, alcohol concentration, DSM-IV TR diagnosis, assessment summary and the Form E 508.

I understand that this information will only be used in compliance with G.S. 20-17(m), 1987 Chapter 7907, Senate Bill 508, as amended. I understand that verification of my compliance with the assessment, treatment, or education called for is necessary for my driver's license to be reinstated, and to comply with a court judgment, if so ordered by the presiding judge. In addition, this information is reported for the purpose of tracking DWI intervention, and compliance.

The doctrine of informed consent has been explained to me and I understand the contents to be released, and the need for the information. I understand that my alcohol and/or drug treatment records are protected under the Federal regulations governing Confidentiality and Drug Abuse Client Records, 42, C.F.R. Part 2 and the Health Insurance Portability and Accountability Act of 1996 ("HIPAAA"), 45 C.F. R. pts 160 & 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I hereby acknowledge that this consent is made freely, voluntarily and without coercion, and will be considered valid until reinstatement of my driver's license.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



ABSOLUTE ADVOCACY^{LLC}

CLIENT RIGHTS / GRIEVANCES DOCUMENT

Client Rights:

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

1. The right to impartial access to treatment services regardless of race, religion, ethnic background, physical handicap or source of financial support.
2. The right to have personal dignity recognized and respected in all aspects of interaction and contact with facility staff.
3. The right to individualized treatment, including participation in the development of a Treatment plan and implementation of the plan in cooperation with professional staff.
4. The right to confidentiality of communication with treatment staff and of material included in the treatment record; federal confidentiality rules (42 CFR part 2) prohibits the release of any information about a client's participation in this program to anyone outside of this agency without a client's written authorization for the disclosures of my protected health information.
5. The right to privacy of health information, under H.I.P.A.A., (Health Insurance Portability and Accountability Act). Rules accept where federal or state rules are more restrictive **H.I.P.A.A. Notice of Privacy Practice** is given to all clients extensively explaining the rules and exceptions to confidentiality in special cases of imminent emergency or court order.
6. The right to express opinions and discuss the plan and course of treatment with persons responsible, and to receive a stated grievance in accordance with established policy.
7. The right to be informed in any rules or exceptions, which apply to the client's conduct and participation in treatment.
8. The right to a satisfactory explanation of treatment services and this statement of rights before giving consent to treatment.
9. The right to notify the staff of discontinuance of treatment at any time without being financially responsible for any planned treatment services that was not provided.
10. The right to be informed of alternative treatment resources other than those provided by Absolute Advocacy, LLC.

Grievance Policy:

I understand that if I have a complaint/grievance, I should:

Submit Concerns/Grievances in writing to Absolute Advocacy, LLC or contact the Executive Director or Clinical Director at 800-792-6961. If unresolved, you may call the State Office of DWI Services, North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services, North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services or Disability Rights NC. Please see the information below.

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.ncdhhs.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
Erin Grupp - erin.grupp@dhhs.nc.gov
Judy Beavers - judy.beavers@dhhs.nc.gov

North Carolina Division of Mental Health / Developmental Disabilities / Substance Abuse Services

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

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

Client's Signature: _____

Date: _____

Counselor's Signature/Credential: _____

Date: _____



ABSOLUTE ADVOCACY^{LLC}

NOTICE OF PRIVACY PRACTICES

THIS NOTICE DESCRIBES HOW HEALTH INFORMATION ABOUT YOU MAY BE USED AND DISCLOSED AND HOW YOU CAN GET ACCESS TO THIS INFORMATION
PLEASE REVIEW IT CAREFULLY

Responsibilities of Absolute Advocacy, LLC:

Absolute Advocacy is required by state and federal law to protect the privacy of your health information that may identify you. This health information includes mental health, developmental disability and/or substance abuse services that are provided to you, payment for those health care services, or other health care operations provided on your behalf.

This agency is required by law to inform you of our legal duties and privacy practices with respect to your health information through this Notice of Privacy Practices. This Notice describes the ways we may share your past, present and future health information, ensuring that we use and/or disclose this information only as we have described in this Notice. We do, however, reserve the right to change our privacy practices and the terms of this Notice, and to make the new Notice provisions effective for all health information we maintain. Any changes to this Notice will be posted in our agency offices. Copies of any revised Notices will be available to you upon request.

If at any time, you have questions or concerns about the information in this Notice or about our agency's privacy policies, procedures and practices, you may contact our agency at 704-215-4095.

How Absolute Advocacy Will Use and Disclose Your Health Information

Absolute Advocacy will use and disclose your protected health information as described in each category listed below. For each category, Absolute Advocacy will explain what it means in general, but it does **not** describe all specific uses or disclosures of health information.

Uses and Disclosures That May Be Made With Your Written Consent

For Treatment. Once you have signed Absolute Advocacy's Consent for the Release of Confidential Information, we will use and disclose your health information to provide your health care and any related services. Absolute Advocacy will also use and disclose your health information to coordinate and manage your health care and related services. For example, Absolute Advocacy may need to disclose information to a case manager who is responsible for coordinating your care. However, when Absolute Advocacy makes disclosures to a third party (other than your health plan) for coordination or management of your health care, Absolute Advocacy will usually obtain your written authorization prior to the disclosure. A third party is a person or entity who is not affiliated with Absolute Advocacy's organization. Absolute Advocacy may also disclose your health information among Absolute Advocacy's clinicians and other staff (including clinicians other than your therapist or principal clinician), who work at Absolute Advocacy. For example, Absolute Advocacy's staff may discuss your care at a case conference. In addition, with

your authorization, Absolute Advocacy will disclose your health information to another health care provider (e.g., your primary care physician or a laboratory) working outside of Absolute Advocacy.

For Payment. Once you have signed Absolute Advocacy's Consent for the Release of Confidential Information, Absolute Advocacy may use or disclose your health information so that the treatment and services you receive are billed to, and payment is collected from, your health plan or other third party payer. By way of example, Absolute Advocacy may disclose your health information to permit your health plan to take certain actions before your health plan approves or pays for your services. These actions may include:

- making a determination of eligibility or coverage for health insurance;
- reviewing your services to determine if they were medically necessary;
- reviewing your services to determine if they were appropriately authorized or certified in advance of your care; or
- reviewing your services for purposes of utilization review, to ensure the appropriateness of your care, or to justify the charges for your care.

For example, your health plan may ask Absolute Advocacy to share your health information in order to determine if the plan will approve additional visits to your therapist.

For Health Care Operations. Once you have signed Absolute Advocacy's Consent for the Release of Confidential Information, Absolute Advocacy may use and disclose health information about you for Absolute Advocacy 's operations. These uses and disclosures are to enable Absolute Advocacy to operate its organization and audit the quality of care that you receive. These activities may include, by way of example, quality assessment and improvement, reviewing the performance or qualifications of Absolute Advocacy's clinicians, training students in clinical activities, licensing, accreditation, business planning and development, and general administrative activities.

Absolute Advocacy may combine health information of many of Absolute Advocacy's clients to decide what additional services Absolute Advocacy should offer, what services are no longer needed and whether certain new treatments are effective. Absolute Advocacy may also combine Absolute Advocacy's health information with health information from other providers to compare Absolute Advocacy's performance with others and to see where Absolute Advocacy can make improvements in Absolute Advocacy's services. When Absolute Advocacy combine's health information with information of other providers, Absolute Advocacy will "de-identify" the health information by removing identifying information so others may use it to study health care or health care delivery without identifying the specific consumer/patients.

Absolute Advocacy may also use and disclose your health information to contact you to remind you of your appointment. Finally, Absolute Advocacy may use and disclose your health information to inform you about possible treatment options or alternatives that may be of interest to you.

Health-Related Benefits and Services. Absolute Advocacy may use and disclose health information to tell you about health-related benefits or services that may be of interest to you. If you do not want Absolute Advocacy to provide you with information about health-related benefits or services, you must notify us in writing. Please state clearly that you do not want to receive materials about health-related benefits or services.

Uses and Disclosures That May be Made Without Your Consent or Authorization, But For Which You Will Have an Opportunity to Object.

Absolute Advocacy does not maintain a facility directory at any of its outpatient units. If asked, Absolute Advocacy will not confirm orally, in writing nor through any other medium that you are Absolute Advocacy's current or former client, **except** as listed below under "Person's Involved in an Individual's Care."

Persons Involved in Your Care. Absolute Advocacy may provide health information about you to someone who helps pay for your care. Absolute Advocacy may use or disclose your health information to notify or assist in notifying a family member, personal representative or any other person that is responsible for your care of your location, general condition or death. Absolute Advocacy may also use or disclose your health information to an entity assisting in disaster relief efforts and to coordinate uses and disclosures for this purpose to family or other individuals involved in your health care.

In limited circumstances, Absolute Advocacy may disclose health information about you to a friend or family member who is involved in your care. If you are physically present and have the capacity to make health care decisions, your health information may only be disclosed with your agreement to persons you designate to be involved in your care. But, if you are in an emergency situation, Absolute Advocacy may disclose your health information to a spouse, a family member, or a friend so that such person may assist in your care. In this case Absolute Advocacy will determine, in its professional judgment, whether the disclosure is in your best interest and, if so, only disclose information that is directly relevant to participation in your care.

And, if you are not in an emergency situation but are unable to make health care decisions, Absolute Advocacy will disclose your health information to:

- your health care agent if Absolute Advocacy has received a valid health care proxy from you,
- your guardian or medication monitor if one has been appointed by a court, or
- if applicable, the state agency responsible for consenting to your care.

Uses and Disclosures That May be Made Without Your Consent, Authorization or Opportunity to Object.

Emergencies. Absolute Advocacy may use and disclose your health information in an emergency treatment situation. By way of example, Absolute Advocacy may provide your health information to a paramedic who is transporting you in an ambulance. Absolute Advocacy will attempt to obtain your Consent as soon as reasonably practicable after your emergency treatment. If a clinician is required by law to treat you and your treating clinician has attempted to obtain your Consent but is unable to do so, the treating clinician may nevertheless use or disclose your health information to treat you.

Communication Barriers. Absolute Advocacy may use and disclose your health information if one of Absolute Advocacy clinicians attempts to obtain Consent from you, but is unable to do so due to substantial communication barriers. However, Absolute Advocacy will only use or disclose your health information if the clinician determines in his/her professional judgment that, absent the communication barriers, you likely would have consented to use or disclose information under the circumstances.

Research. Absolute Advocacy may disclose your health information to researchers when their research has been approved by an Institutional Review Board or a similar privacy board that has reviewed the research proposal and established protocols to protect the privacy of your health information.

As Required By Law. Absolute Advocacy will disclose health information about you when required to do so by federal, state or local law.

To Avert a Serious Threat to Health or Safety. Absolute Advocacy may use and disclose health information about you when necessary to prevent a serious and imminent threat to your health or safety or to the health or safety of the public or another person. Under these circumstances, Absolute Advocacy will only disclose health information to someone who is able to help prevent or lessen the threat.

Organ and Tissue Donation. If you are an organ donor, Absolute Advocacy may release your health information to an organ procurement organization or to an entity that conducts organ, eye or tissue transplantation, or serves as an organ donation bank, as necessary to facilitate organ, eye or tissue donation and transplantation.

Public Health Activities. Absolute Advocacy may disclose health information about you as necessary for public health activities including, by way of example, disclosures to:

- report to public health authorities for the purpose of preventing or controlling disease, injury or disability;
- report vital events such as birth or death;
- conduct public health surveillance or investigations;
- report child abuse or neglect;
- report to the Food and Drug Administration (FDA) or to a person required by the FDA to report certain events including information about defective products or problems with medications;
- notify consumers about FDA-initiated product recalls;
- notify a person who may have been exposed to a communicable disease or who is at risk of contracting or spreading a disease or condition;
- notify the appropriate government agency if Absolute Advocacy believes you have been a victim of abuse, neglect or domestic violence. ABSOLUTE ADVOCACY will only notify an agency if ABSOLUTE ADVOCACY obtains your agreement or if ABSOLUTE ADVOCACY are required or authorized by law to report such abuse, neglect or domestic violence.

Health Oversight Activities. Absolute Advocacy may disclose health information about you to a health oversight agency for activities authorized by law. Oversight agencies include government agencies that oversee the health care system, government benefit programs such as Medicare or Medicaid, other government programs regulating health care and civil rights laws.

Disclosures in Legal Proceedings. Absolute Advocacy may disclose health information about you to a court when a judge orders Absolute Advocacy to do so. Absolute Advocacy also may disclose health information about you in legal proceedings without your permission or without a judge's order when:

- you are a party to a legal proceeding and Absolute Advocacy receives a subpoena for your health information. Normally, Absolute Advocacy will not provide this information in response to a subpoena without your authorization if the request is for substance abuse records or for information relating to AIDS or HIV status;
- your health information involves communications made during a court-ordered psychiatric examination;
- you introduce your mental or emotional condition in evidence in support of your claim or defense in any proceeding and a judge approves Absolute Advocacy 's disclosure of your health information;
- you sue any of Absolute Advocacy 's clinicians or staff for malpractice or initiate a complaint with a licensing board against any of Absolute Advocacy 's clinicians;
- the legal proceeding involves child custody, adoption or dispensing with consent to adoption and a judge approves Absolute Advocacy 's disclosure of your health information;
- one of Absolute Advocacy's staff brings a proceeding or is asked to testify in a proceeding, involving foster care of a child or commitment of a child to the custody of the Department of Social Services.

Law Enforcement Activities. Absolute Advocacy may disclose health information to a law enforcement Officer for law enforcement purposes when:

- you agree to the disclosure; or
- when the information is provided in response to an order of a court; or
- Absolute Advocacy determine that the law enforcement purpose is to respond to a threat of an imminently dangerous activity by you against yourself or another person; or
- the disclosure is otherwise required by law.

Absolute Advocacy may also disclose health information about you, if you are a victim of a crime, without a court order or without being required to do so by law. However, Absolute Advocacy will do so only if the disclosure has been requested by a law enforcement Officer and you agree to the disclosure or, in the case of your incapacity, the following occurs:

- the law enforcement Officer represents to Absolute Advocacy that (i) you are not the subject of the investigation and (ii) an immediate law enforcement activity to meet a serious danger to you or others depends upon the disclosure; and
- Absolute Advocacy determines, in its professional judgment that the disclosure is in your best interest.

Medical Examiners or Funeral Directors. Absolute Advocacy may provide health information about you to a medical examiner. Medical examiners are appointed by law to assist in identifying deceased persons and to determine the cause of death in certain circumstances. Absolute Advocacy may also disclose health information about you to funeral directors as necessary to carry out their duties.

Military and Veterans. If you are a member of the armed forces, Absolute Advocacy may disclose your health information as required by military command authorities. Absolute Advocacy may also disclose your health information for the purpose of determining your eligibility for benefits provided by the Department of Veterans Affairs. Finally, if you are a member of a foreign military service, Absolute Advocacy may disclose your health information to that foreign military authority.

National Security and Protective Services for the President and Others. Absolute Advocacy may disclose medical information about you to authorized federal officers for intelligence, counter-intelligence, and other national security activities authorized by law. Absolute Advocacy may also disclose health information about you to authorized federal officers so they may provide protection to the President, other authorized persons or foreign heads of state or so they may conduct special investigations.

Inmates. If you are an inmate of a correctional institution or under the custody of a law enforcement officer, Absolute Advocacy may disclose health information about you to the correctional institution or law enforcement Officer.

Workers' Compensation. Absolute Advocacy may disclose health information about you to comply with the Workers' Compensation Law. These disclosures will usually be made only when Absolute Advocacy has received a court order or, sometimes, when Absolute Advocacy has received a subpoena for the information.

Uses and Disclosures of Your Health Information with Your Permission

Uses and disclosures not described in Section II of this Notice of Privacy Practices will generally only be made with your written permission, called an "authorization." You have the right to revoke an authorization at any time. If you revoke your authorization Absolute Advocacy will not make any further uses or disclosures of your health information under that authorization, other than actions relying upon the uses or disclosures you have previously authorized.

Your Rights Regarding Your Health Information

Right to Inspect and Copy. You have the right to request an opportunity to inspect or copy health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records.

You must submit your request to inspect or copy your health information in writing to us. If you request a copy of the information, Absolute Advocacy may charge a fee for the cost of copying, mailing and supplies associated with your request.

Absolute Advocacy may deny your request to inspect or copy your health information in certain limited circumstances. In some cases, you will have the right to have the denial reviewed by a licensed health care professional not directly involved in the original decision to deny your request. Absolute Advocacy will inform you in writing if the denial of your request may be reviewed and how you request a review. If you have a right to a review and request the review, once the review is completed, Absolute Advocacy will honor the decision made by the licensed health care professional reviewer.

Right to Amend. For as long as Absolute Advocacy keep records about you, you have the right to request Absolute Advocacy to amend any health information used to make decisions about your care - whether they are decisions about your treatment or payment of your care. Usually, this would include clinical and billing records.

To request an amendment, you must submit a written request to us. In your request state clearly the reason(s) why you believe the information is incorrect or inaccurate.

Absolute Advocacy may deny your request for an amendment if it is not in writing or does not include a reason to support the request. Absolute Advocacy may also deny your request if you ask Absolute Advocacy to amend health information that:

- was not created by Absolute Advocacy, unless the person or entity that created the health information is no longer available to make the amendment;
- is not part of the health information Absolute Advocacy maintains to make decisions about your care;
- is not part of the health information that you would be permitted to inspect or copy; or
- is accurate and complete.

If Absolute Advocacy denies your request to amend your health information, Absolute Advocacy will send you a written notice of the denial stating the basis for the denial and offering you the opportunity to provide a written statement disagreeing with the denial. If you do not wish to prepare a written statement of disagreement, you may ask that the requested amendment and Absolute Advocacy's denial be attached to all future disclosures of the health information that is the subject of your request.

If you choose to submit a written statement of disagreement, Absolute Advocacy has the right to prepare a written rebuttal to your statement of disagreement. In this case, Absolute Advocacy will attach the written request and the rebuttal (as well as the original request and denial) to all future disclosures of the health information that is the subject of your request.

Right to an Accounting of Disclosures. You have the right to request that Absolute Advocacy provide you with an accounting of disclosures of your health information Absolute Advocacy has made. An accounting is a list of disclosures. But this list will **not** include certain disclosures of your health information, by way of example; Absolute Advocacy will **not** include disclosures made for purposes of treatment, payment, and health care operations.

To request an accounting of disclosures, you must submit your request in writing to us. The request should state the time period for which you wish to receive an accounting. This time period cannot be longer than six years.

The first accounting you request within a 12 month period will be free. For additional requests during the same 12 month period, Absolute Advocacy will charge you for the costs of providing the accounting. Absolute Advocacy will notify you of the amount Absolute Advocacy will charge and you may choose to withdraw or modify your request before Absolute Advocacy incurs any costs.

Right to Request Restrictions. You have the right to request a restriction on the health information Absolute Advocacy uses or discloses about you for treatment, payment or health care operations. You may also ask that any

part (or all) of your health information not be disclosed to family members or friends who may be involved in your care or for notification purposes.

To request a restriction, you must either include it (with Absolute Advocacy's approval) in the Consent for Release of Confidential Information Form or request the restriction in writing addressed to us.

Absolute Advocacy is **not** required to agree to a restriction that you may request. If Absolute Advocacy agrees to a restriction that you request, Absolute Advocacy will honor the restriction, unless the restricted health information is needed to provide you with emergency treatment.

Right to Request Confidential Communications. You have the right to request that Absolute Advocacy communicate with you about your health care only in a certain location or through a certain method. For example, you may request that Absolute Advocacy contact you only at work or by e-mail.

To request such a confidential communication, you must make your request in writing addressed to us. Absolute Advocacy will accommodate all reasonable requests. You do not need to give Absolute Advocacy a reason for the request; but your request must specify how or where you wish to be contacted.

Right to a Paper Copy of this Notice. You have the right to obtain a paper copy of this Notice of Privacy Practices at any time. Even if you have agreed to receive this Notice of Privacy Practices electronically, you may still obtain a paper copy. To obtain a paper copy, make a request in writing addressed to us.

Confidentiality of Substance Abuse Records

For individuals who have received treatment, diagnosis or referral for treatment from Absolute Advocacy's drug or alcohol abuse programs, the confidentiality of drug or alcohol abuse records is protected by federal law and regulations. As a general rule, Absolute Advocacy may not tell a person outside the agency that you attend any of our programs, or disclose any information identifying you as an alcohol or drug abuser, unless:

- you authorize the disclosure in writing; or
- the disclosure is permitted by a court order; or
- the disclosure is made to medical personnel in a medical emergency or to qualified personnel for research, audit or program evaluation purposes; or
- you threaten to commit a crime either at the drug abuse or alcohol program or against any person who works for Absolute Advocacy's drug abuse or alcohol programs.

Federal law and regulations governing confidentiality of drug or alcohol abuse permit Absolute Advocacy to report suspected child abuse or neglect under state law to appropriate state or local authorities.

Violations / Complaints

Violation of the Federal law and regulations relative to a substance abuse program is a crime. Suspected violations may be reported to our agency who will report the violation to appropriate authorities in accordance with Federal regulations.

If you believe we have violated your privacy rights, or if you want to file a complaint regarding our privacy practices, you may contact our agency. Contact information is as follows:

Absolute Advocacy
24 Cabarrus Ave., East
Concord, NC 28025
Phone Number: 704-215-4095
Fax Number: 704-271-1559

The North Carolina Department of Health and Human Services operates an information and referral service located in the Office of Citizen Services, known as **CARE-LINE**, which has been designated to receive and document complaints and concerns regarding your privacy. Contact information is as follows:

CARE-LINE

2012 Mail Service Center
Raleigh, N. C. 27699-2012
Voice Phone: (English and Spanish):
1-800-661-7030 (Toll Free)
919-733-4261 (Triangle Area and Out of State)
Fax: (919) 715-8174
TTY: 1-877-452-2514 (TTY Dedicated)
(919) 733-4851 (TTY Dedicated for local or out of state calls)
Email: care-line@ncmail.net

You may also send a written complaint to the United States Secretary of the Department of Health and Human Services. Contact information is as follows:

Office for Civil Rights

U.S. Department of Health and Human Services
Atlanta Federal Center, Suite 3B70
61 Forsyth Street, S.W.
Atlanta, GA 30303-8909
Voice Phone: (404) 562-7886
Fax: (404) 562-7881
TDD: (404) 331-2867

If you file a complaint, we will not take any action against you or change the quality of health care services we provide to you in any way.

Legal References

Primary Federal and State laws and regulations that protect the privacy of your health information are listed below.

Confidentiality of Alcohol and Drug Abuse Patient Records - 42 U.S.C 290dd-3 and 42 U.S.C. 290cc-3 for Federal laws and 42 CFR Part 2 for Federal regulations.

Health Insurance Portability and Accountability Act (H.I.P.A.A), Administrative Simplification, Privacy of Individually Identifiable Health Information - 42 U.S.C 1320d-1329d-8 and 42 U.S.C. 1320d-2 (note) for Federal laws and 45 CFR Parts 160 and 164 for Federal regulations.

NC General Statutes - Chapter 122C, Article 3 (Client's Rights and Advance Instruction), Part 1 (Client's Rights). Chapter 90 (Medicine and Allied Occupations), Article 1 (Practice of Medicine).

NC Administrative Code - 10 NCAC 18 D (Confidentiality Rules).

NOTICE OF PRIVACY PRACTICE ACKNOWLEDGMENT

I understand that, under the Health Insurance Portability & Accountability Act of 1998 ("H.I.P.A.A"), I have certain rights to privacy regarding my protected health information. I understand that this information can and will be used to:

- Conduct, plan and direct my treatment and follow up among the multiple healthcare providers who may be involved in that treatment directly and indirectly.
- Obtain payment from third-party payers.
- Conduct normal healthcare operations such as quality assessments and physician certifications.

I acknowledge that I have received your Notice of Privacy Practices containing a more complete description of the uses and disclosures of my health information. I understand that this organization has the right to change its Notice of Privacy Practices from time to time and that I may contact this organization at any time at the address above to obtain a current copy of the Notice of Privacy Practices.

I understand that I may request in writing that you restrict how my private information is used or disclosed to carry out treatment, payment or health care operations. I also understand you are not required to agree to my requested restrictions, but if you do agree, then you are bound to abide by such restrictions.

Client's Signature: _____

Date: _____

OFFICE USE ONLY

I attempted to obtain the patient's signature in acknowledgment on the Notice of Privacy Practices Acknowledgment, but was unable to do so as documented below:

Date: _____ Initials: _____ Reason: _____

NORTH CAROLINA
DIVISION OF MOTOR VEHICLES
DRIVER LICENSE SECTION

Driver Privacy Protection Act Authorization
To Disclose Personal Information Form DL-DPPA-2

I understand that personal information contained in my Motor Vehicle Record is protected by the federal Driver Privacy Protection Act and N.C. General Status 20-43.1. I hereby authorize the release of my personal information to this person named below.

Print your full name as it appears on your license

Your signature

North Carolina Drivers License Number/ID.#: _____

If you did not have a driver's license for North Carolina a North Carolina Customer Number was created for you, if you have this number from talks with NCDMV, please submit this number to us. If you do not have a North Carolina Number please leave this space blank.

Social Security#: _____ DOB: _____

Date: _____

Person to receive information: **Absolute Advocacy, LLC**

Mailing address: **1981 J.N. Pease Place, Suite 104, Charlotte NC 28262**

Uncertified Complete Driving History - \$8.00

Form DL-DPPA-2, Revised May 11, 2009

Previous editions are obsolete, DO NOT USE

Send to: NCDMV, Driving License Records, 3113 Mail Service Center, Raleigh NC 27699



ABSOLUTE ADVOCACY^{LLC}

24 Cabarrus Ave. East, Concord NC 28025, 704-215-4095, Fax: 704-271-1559

To: **Substance Abuse Agency**

To Whom It May Concern:

Please read the following information regarding North Carolina DWI requirements:

When a person receives a DWI in North Carolina (no matter how far back it was), the client is required to have a Comprehensive Substance Abuse assessment and treatment or education. The assessment must be done by a state approved DWI treatment facility. Please send a copy of the assessment and recommended treatment or education so that we can make sure it meets North Carolina requirements. The results of the assessment will determine the amount of treatment or education that the client needs. Treatment will be what your state requires, but no less than 20 hours. If the client has more than one DWI the treatment will be adjusted by the assessing agency as to the needs of the client. The substance abuse treatment needs to be completed to satisfy North Carolina's requirements to release the hold on license.

When client completes this treatment, North Carolina DMV requires that the facility or you to mail or fax to us a letter or certificate stating the following:

- ✓ Start date
- ✓ Completion date
- ✓ Number of hours of treatment/education completed
- ✓ Cost of treatment and date payment was received

Sincerely,

Keisha McLean-Green, LCAS, CRC, MAC
Clinical Director
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