

It is advised that you make copies and keep a copy for yourself! (We have sent an extra contract for your convenience).

In order for us to complete your enrollment (i.e. notify DMV of enrollment or to put you on the weekly schedule) we must receive original forms from you, meaning we need everything signed in black/blue ink (no felt tip markers) and no copies of your signature.

**PLEASE DO NOT EVER USE WHITE-OUT ON YOUR PAPERWORK, IF SOMETHING NEEDS TO BE CROSSED OUT, ONLY DRAW A SINGLE LINE THROUGH IT.**

**Items to remember to include when you mail back your packet:**

1. Citation (30-day temporary license given to you by the arresting officer) noting your arrest date, or the Order of Suspension issued by DMV if you have it.
2. Court minutes (following conviction); call 707-445-7256 to request a copy.
3. DMV printout of your driving record, using the DMV Kiosk, or going on-line to the DMV website.
4. Down payment of \$160.00. We accept check, money order, cash or debit/credit card.
5. If low income, you need to provide two months of paystubs, bank statements, Social Security Award letter, or if you receive CalWorks or GR, provide Verification of Benefits, otherwise provide Notice of Action (must show income, earned or unearned, for the entire household).

**Additional items to have ready to utilize Telemedicine:**

1. You will need access to a camera, microphone and speakers if you opt to attend your intake/orientation appointment, and/or program, on Zoom.
2. You need to download the Zoom app (Zoom Workplace) and be familiar with how it works prior to your intake appointment (HART office staff are not technicians and do not have the capability to set up your Zoom, or to answer questions as to why your Zoom does not work). Zoom must be ready in advance and you need to master it.
3. Once enrolled, you must be able to start attending within 21 days.

Thank you,  
HART Staff



Humboldt Addiction Recovery Treatment  
2331 Rohnerville Rd.  
Fortuna, CA 95540

### Steps for Utilizing ZOOM

1. Download the ZOOM app (this may already be in your list of default apps).
2. Open the ZOOM app (by clicking on, or tapping it to open).
3. When looking at the ZOOM home page, click or tap on "JOIN."
4. You will be prompted to enter the "Meeting ID" which will be provided to you by the HART Office. You will need to type in your name the first time. This is important so the counselor can identify you, assuring you will receive credit for attendance.
5. Hit "Enter" after verifying your name.
6. You will be prompted to enter the meeting "passcode" (or password), which will be provided to you by the HART Office.
7. Hit "Enter" after you have input the "passcode" (or password).
8. You will then be in the "virtual waiting room" and the counselor will admit you into the "virtual meeting room" at this point. Once in the "virtual waiting room" be patient, the counselor will admit you to the "virtual meeting room" within a few minutes. If you are signed in early, the counselor may let you into the "virtual meeting room" early.
9. Once you are into the "virtual waiting room" you are present for your intake appointment, group schedule or education class. If you lose contact with the meeting because of a bad internet connection (or technical difficulties) log back in. The counselor will readmit you so long as this is done in a timely fashion.

**IT IS IMPERATIVE THAT YOU ARE SIGNED INTO THE "VIRTUAL WAITING ROOM" 5 TO 10 MINUTES PRIOR TO YOUR SCHEDULED TIME FOR ATTENDANCE!!**

**\*\*These steps reflect when things go smoothly with ZOOM; sometimes this is not always the case. Practice using ZOOM prior to your scheduled time, to become familiar with how the ZOOM app work's.\*\***



When your intake paperwork has been processed by the office, a proof of enrollment will be efiled with DMV. A copy will be mailed to you. When you receive your copy, you will know that your proof is on file with DMV.



A Public Service Agency

## Participant's Certification of DUI Program Enrollment or Completion

(Instructions for completing this form are on the reverse side.)

PROGRAM PROVIDER NAME: <u>Humboldt Alcohol Recovery Treatment.</u>			PROVIDER'S ADP LICENSE NUMBER <u>12-001-</u>
PARTICIPANT NAME: (LAST	FIRST	MIDDLE)	DRIVER LICENSE NUMBER OR "X" NUMBER

PROGRAM TYPE

- ☐ Education Only (23140 CVC Conviction)      ☐ First Offender Program \_\_\_\_ months
- ☐ Multiple Offender Program      \_\_\_\_ 18 months      \_\_\_\_ 30 months      \_\_\_\_ 18 of 30 months (IID Restriction only)

ENROLLMENT DATE	DL 107 CERTIFICATE NUMBER	OR	COMPLETION DATE	DL 101 CERTIFICATE NUMBER
-----------------	---------------------------	----	-----------------	---------------------------

I certify under penalty of perjury under the laws of the State of California that I have enrolled in, or completed the program as indicated above.

DATE	PARTICIPANT'S SIGNATURE <u>ES</u>	TELEPHONE NUMBER (    )
------	--------------------------------------	----------------------------

## **Driving Under the Influence (DUI) Program Enrollment Participant Information/Informed Consent and Agreement**

---

DUI program services in California must be completed through the Department of Health Care Services (DHCS) licensed DUI program. California's Health and Safety Code (HSC), Division 10.5, Part 2, Chapter 9, Section 11836 establishes the DHCS as having the sole authority to license DUI Programs to provide alcohol or drug recovery services to a person whose license to drive has been administratively suspended or revoked for, or who is convicted of, a violation of Section 23152 or 23153 of the Vehicle Code (VC), and admitted to a program pursuant to Section 13352, 23538, 23542, 23548, 23552, 23556, 23562, or 23568 of the Vehicle Code.

Pursuant to Title 9, California Code of Regulations (CCR), Chapter 3, Section 9848, a DUI program may enroll any person who presents documentation from the court or the DMV verifying his/her arrest or conviction for a DUI violation specified in HSC Section 11836 as referenced above. To ensure timely program enrollment, DHCS will allow several types of documents generated by the DMV or court. (See DHCS acceptable Enrollment Document Matrix)

Although DHCS licenses DUI program services, program requirements are ultimately dependent on offenses specified in California Vehicle Code, and interpreted by the California Department of Motor Vehicles (DMV)-Mandatory Action Unit (MAU), in conjunction with the court of conviction.

When enrolling in a DUI program following arrest for a DUI offense prior to a conviction, the DUI program will enroll you in the most appropriate program type based on the information contained in the enrollment documents you present along with any additional information you are able to provide at that time. DHCS encourages you to contact the **DMV-MAU at (916) 657-6525** if you have questions/concerns specific to the type of DUI program you will ultimately be required to complete.

Please note, following your initial DUI program enrollment there may be instances in which DMV's MAU review of your DUI offense/driving history and/or court proceeding may necessitate a modification of the program type you are/were initially enrolled in. In all instances, you are financially responsible for all DUI program services received and/or incurred during your enrollment in a DUI program. (Additional program service fees are identified in the participant contract you will review and sign at the time of DUI program enrollment)

The following consent/agreement and required enrollment documents must be completed and placed in your participant file as required by CCR, Title 9 requirements. As with all documents produced during your DUI program enrollment and participation, you are encouraged to retain copies for your records.



# Informed Consent and Agreement

## Participant Information

X \_\_\_\_\_  
Participant Name (Print)

Enrollment: X

☐

Pre Conviction

☐

Post Conviction

X \_\_\_\_\_  
Address (City, State, Zip)

X \_\_\_\_\_  
Phone Number

X \_\_\_\_\_  
Driver License Number / X Number

## Mandatory Action Unit Verification

Program Type \_\_\_\_\_ BAC \_\_\_\_\_ Previous Convictions \_\_\_\_\_

☐ Participant Called MAU

☐ Program Called MAU

☐ No Call to MAU

☐ Violation Date \_\_\_\_\_

Comments \_\_\_\_\_  
\_\_\_\_\_

\_\_\_\_\_  
MAU Representative Name

## Agreement

\*I verify I have read and understand the information provided to me on the Informed Consent and Agreement document regarding my DUI program enrollment. I am aware in some instances the DMV-MAU or court may later amend my program service type and in all cases, I am financially responsible for all DUI program services received.

X \_\_\_\_\_  
(Initial)

A "Transfer In" fee in the amount of \$ 75.00 may incur if a modification of the program type you are/were initially enrolled in changes.

X \_\_\_\_\_  
Participant Signature

X \_\_\_\_\_  
Date

\_\_\_\_\_  
Program Staff Name (Print)

\_\_\_\_\_  
Date

## CLIENT INFORMATION

\_\_\_ Wet & Reckless \_\_\_ First Offender \_\_\_ First Offender Enhanced \_\_\_ Multiple Offender

\_\_\_ W&R doing a First Offender Program for Restricted Drivers License

\_\_\_ VC 23140 Education component only, First Offender Program (Under 21)

NAME X  
FIRST MIDDLE (Legal name on drivers license) LAST

LOCAL MAILING ADDRESS X Apt# X

City X State X Zipcode X

Telephone X Social Security # X

X ☐ O.K. to leave message on voicemail

Ethnic Origin X Birthday X / X / X Gender X Age X

X Who told you to do a DUI Program: DMV or COURT?

X  
Court Name & Branch City State

X X X  
Docket/Case # Driver's License # State Which issued DL

X X  
Conviction Date Violation Date BAL

If you have not yet been to Court, please give COURT DATE: X

Have you ever enrolled in HART? X Year? X

Client was advised of alternate payment plans and was given payment schedule and documentation list Y\_\_\_ N\_\_\_

X X  
Client Signature Date Client #

# MEDICATION CHECKLIST

~~X~~ On any current medications?

YES ☐

NO ☐

~~X~~ CLIENT NAME: \_\_\_\_\_

Medication

Reason for use

Expiration date

~~X~~ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Please list any allergies you may have or write none.

~~X~~ \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have any circumstances that require special accommodations?

~~X~~ Yes No If so, please explain below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

~~X~~ Client Signature: \_\_\_\_\_ ~~X~~ Date: \_\_\_\_\_

Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**HART Release of Information**  
**Multi-Party Consent Form**  
**(Reciprocal)**

I, X, hereby consent to the exchange of information between the HART program and the following agencies:

X (Initial)

\_\_\_\_ Humboldt County Court  
\_\_\_\_ Department of Motor Vehicles  
\_\_\_\_ Humboldt County Probation Department  
\_\_\_\_ Humboldt County Community Service  
\_\_\_\_ Humboldt County Mental Health Department  
\_\_\_\_ Humboldt County District Attorney's Office  
\_\_\_\_ Humboldt County Public Defender's Office

\_\_\_\_ Out of County, State Agencies: \_\_\_\_\_

\_\_\_\_ Other Agencies: \_\_\_\_\_

**Criminal Justice System-**

The purpose and need for disclosure and communication is to inform the criminal justice agency (ies) listed and initialed above of my attendance and progress in treatment. The extent of information to be disclosed is my assessment, information about my attendance or lack of attendance, my cooperation with the treatment programs, completion or lack of completion of program requirements. This consent is not revocable.

---

**Non-Criminal Justice Agencies**

The purpose and need for disclosure and communication is to inform the non-criminal justice agency (ies) listed and initialed above to communicate such information as necessary to develop individualized treatment plans. The extent of information to be disclosed is: assessment, treatment and recovery plans, and relative information as to my progress notes, program participation, attendance, and my cooperation with treatment program.

I also understand that I may revoke this portion (non-criminal justice) of the consent in writing 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 (60) days after termination of program services.

I understand that confidentiality of my alcohol and drug services' records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records 42 CFR Part 2, and The Health Insurance Portability and Accountability Act of 1996 (HIPAA) pts 160 & 164, and cannot be disclosed without written consent unless otherwise provided for in the regulations.



I understand that generally, the program may not say to a person outside the program that I attend the program or disclose any information identifying me unless:

- I consent in writing; OR
- The disclosure is allowed 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; OR
- When there is risk of imminent danger to myself or to another person, then HART is ethically bound to take necessary steps to prevent such danger; OR
- When there is suspicion that a child or elder is being sexually or physically abused or is at risk of such abuse, HART is legally required to take steps to protect the child or elder, and to inform the proper authorities.

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. (see 42CFR part 2 for Federal regulations).

X (Initial) \_\_\_\_\_ Person (s) we may contact in case of a medical emergency: X \_\_\_\_\_  
Phone number: X \_\_\_\_\_

X \_\_\_\_\_ Person (s) we may talk to for attendance and payment questions only: X \_\_\_\_\_  
Phone number: X \_\_\_\_\_

*We are forbidden to speak to anyone not listed here, about your program per 42CFR.2*

I understand that generally HART may not condition my treatment on whether I sign a consent form, but that in certain limited circumstances I may be denied treatment if I do not sign a consent form. Any changes to consent form must be done so in writing.

Date: X \_\_\_\_\_ Client Signature: X \_\_\_\_\_

Date: \_\_\_\_\_ Staff Signature: \_\_\_\_\_

#### **PROHIBITION ON RE-DISCLOSURE OF INFORMATION CONCERNING A CLIENT IN ALCOHOL/DRUG ABUSE RECOVERY**

This notice accompanies a disclosure of information concerning a client in alcohol/drug abuse treatment, made to you with the consent of such client. This information has been disclosed to you from records protected by Federal rules (42CFR Part 2). The Federal rules prohibit you from making any further disclosure of the information unless further disclosure is expressly permitted by the written 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. (Updated on 10/25/2011)

# HART PROGRAM

## COMMITMENT TO CONFIDENTIALITY PLEDGE

As a client of this program, I realize that it is the responsibility of myself, and all other participants, to keep the group confidential. This means I am not free to share the names of group members, any identifying information about group members, and what is discussed in the group. This does not stop me from sharing with others the fact that I am in the group as long as I do not violate the above. In addition, it is a violation of state and federal laws to video record meetings and/or take pictures of the meetings.

X \_\_\_\_\_  
Client name

X \_\_\_\_\_ Date: \_\_\_\_\_  
Client signature

\_\_\_\_\_ Date: \_\_\_\_\_  
Staff signature

Client # \_\_\_\_\_