

## **Program Philosophy**

Advanced Monitoring Professionals, LLC (AMP) is an organization dedicated to providing quality evaluation, referral, monitoring and reporting services for those needing to comply with a probation and/or diversion agreement.

We provide an atmosphere that is free from judgment and ridicule to individuals needing our services.

We see people as individuals – all with unique circumstances that deserve to be treated with the highest level of respect and dignity.

We will be very clear on the expectations required for individuals to be successful in completing the requirements ordered by the court.

We do not operate, make decisions, and discriminate on the basis of an individual's race, religion, sexual preference, gender, or economic status.

It is our goal that you be successful in completing the requirements ordered by the court, while gaining the tools to live a sober and substance free lifestyle.

## Program Orientation

Welcome to Advanced Monitoring Professionals, LLC (AMP). Attached you will find a copy of our program philosophy. Our goal is to treat you with dignity and respect at all times, while at the same time holding you accountable to the conditions of your court order. Below are some guidelines that will help you be successful in the program, as well as giving you the opportunity to improve your current circumstances.

1. You will be expected to comply with your bench probation or your diversion agreement requirements.
2. You must demonstrate ninety days of continuous sobriety. However, if you have a court order requiring sobriety or abstinence from intoxicants you must abide by those conditions until your probation termination date.
3. If you submit a positive alcohol/drug screen during the course of your treatment, your ninety days will begin again. It is very likely a probation violation will be filed and you may be required to go back to court to see the sentencing judge on your case. This could result in a jail sanction or additional community service.
4. You must show verification of attendance of the Victim's Impact Panel.
5. All information gathered will be held in the strictest confidence. You must sign a release of information before any information can be disclosed to any person, or agency.
6. Possession or use of alcohol or drugs will not be tolerated, and may result in a probation violation or diversion revocation.
7. As a mandatory reporter, any disclosure of child, spousal, or elder abuse will be reported to the appropriate agency.
8. Provided there is a language barrier, you may have a person of your choice present to interpret for you, or an interpretive service will be provided for you.

Fees for service are as follows:

\_\_\_\_\_ • For DUII ADES evaluations, fees for services are a total of \$150.00.

\_\_\_\_\_ For DUII ADES re-referrals, fees for services are a total of \$50.00.

By signing below I acknowledge that I have received a program orientation and agree to the conditions and fees listed herein.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

**PRIVACY PRACTICES of Advanced Monitoring Professionals, LLC (AMP) ADES**  
Effective Date: November 15, 2015

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

If you have any questions about this notice, please contact Kevin Kriz 800-760-1518 or Kevin@247AMP.com.

**WHO WILL FOLLOW THIS NOTICE:**

This Notice describes our Evaluation, Monitoring and Reporting practices and that of:

- Any health care professional authorized to enter information into your service record.
- All departments and units of AMP Evaluation Services.
- Any member of a volunteer group we allow to help you while you are a client with AMP Evaluation Services.
- All employees, staff and other AMP personnel at all service sites.

**OUR PLEDGE REGARDING HEALTH AND SERVICE INFORMATION:**

We understand that health and service information about you is personal. We are committed to protecting health and service information about you. We create a record of the care and services you receive at AMP. We need this record to provide you with quality service and to comply with certain legal requirements. This notice applies to all of the records of your service generated by AMP.

This notice will tell you about the ways in which we may use and disclose health and service information about you. We also describe your rights and certain obligations we have regarding the use and disclosure of health and service information.

We are required by law to:

- Make sure that health and service information that identifies you is kept private;
- Give you this notice of our legal duties and privacy practices with respect to health and service information about you; and
- Follow the terms of the notice that is currently in effect.

**HOW WE MAY USE AND DISCLOSE MEDICAL INFORMATION ABOUT YOU:** The following categories describe different ways that we use and disclose health and service information. For each category of uses or disclosures we will explain what we mean and try to give some examples. Not every use or disclosure in a category will be listed. However, all of the ways we are permitted to use and disclose information will fall within one of the categories.

- To Avert a Serious Threat to Health or Safety. We may use and disclose health and service information about you when necessary to prevent a serious threat to your health and safety or the health and safety of the public or another person. Any disclosure, however, would only be to someone able to help prevent the threat.

## **SPECIAL SITUATIONS**

**Workers' Compensation**. We may release health and service information about you for workers' compensation or similar programs, these programs provide benefits for work-related injuries or illness.

**Public Health Risks**. We may release and service information about you for public health activities. These activities generally include the following:

- To prevent or control disease, injury or disability;
- To report births and deaths;
- To report child abuse or neglect;
- To report reactions to medications or problems with products;
- To notify people of recalls of products they may be using;
- To notify the appropriate government authority if we believe a patient has been the victim of abuse, neglect or domestic violence. We will only make this disclosure if you agree or when required or authorized by law.

**Health Oversight Activities**. We may disclose health and service information to a health oversight agency for activities authorized by law. These oversight activities include, for example, audits, investigations, inspections, and licensure. These activities are necessary for the government to monitor the health care system, government programs, and compliance with civil rights laws.

**Lawsuits and Disputes**. If you are involved in a lawsuit or a dispute, we may disclose health and service information about you in response to a court or administrative order. We may also disclose health and service information about you in response to a subpoena, discovery request, or other lawful process by someone else involved in the dispute, but only if efforts have been made to tell you about the request or to obtain an order protecting the information requested.

**Law Enforcement**. We may release health and service information if asked to do so by a law enforcement official:

- In response to a court order, subpoena, warrant, summons or similar process;
- To identify or locate a suspect, fugitive, material witness, or missing person;
- About the victim of a crime if, under certain limited circumstances, we are unable to obtain the person's agreement;
- About criminal conduct at AMP; and
- In emergency circumstances to report a crime; the location of the crime or victims; or the identity, description or location of the person who committed the crime.

**National Security and Intelligence Activities**. We may release health and service information about you to authorized federal officials for intelligence, counterintelligence, and other national security activities authorized by law.

**Right to an Accounting of Disclosures.** You have the right to request an "accounting of disclosures." This is a list of the disclosures we have made of health and service information about you.

To request this list or accounting of disclosures, you must submit your request in writing to AMP. Your request must state a time period, which may not be longer than six years and may not include dates before February 26, 2003. Your request should indicate in what form you want the list (for example, on paper, electronically). The first list you request within a 12-month period will be free. For additional lists, we may charge you for the costs of providing the list. We will notify you of the cost involved and you may choose to withdraw or modify your request at that time before any costs are incurred.

**Right to Request Restrictions.** You have the right to request a restriction or limitation on the health and service information we use or disclose about you for treatment, payment, or health care operations. You also have the right to request a limit on the health and service information we disclose about you to someone who is involved in your care or the payment for your care, like a family member or friend. For example, you could ask that we not use or disclose information about a counseling episode you had.

**We are not required to agree to your request.** If we do agree, we will comply with your request unless the information is needed to provide you emergency treatment. To request restrictions, you must make your request in writing to AMP. In your request, you must tell us (1) what information you want to limit; (2) whether you want to limit our use, disclosure or both; and (3) to whom you want the limits to apply, for example, disclosures to your spouse.

**Right to Request Confidential Communications.** You have the right to request that we communicate with you about health and service matters in a certain way or at a certain location. For example, you can ask that we only contact you at work or by mail.

## **COMPLAINTS/GRIEVANCES**

If you believe your privacy rights have been violated, you may file a complaint/grievance with AMP and/or with the Oregon Health Authority. To file a complaint with AMP, contact Kevin Kriz at 800-760-1518.

You have the right to file a complaint, grievance, or request a change to another evaluator without fear of reprisal or punishment.

All complaints/grievances must be submitted in writing, and we will respond to you within 30 days. You may also file an appeal with the Oregon Health Authority, 500 Summer St. NE E86, Salem, Oregon 97301-1118 (503) 945-5763

**Client Consent Form**

Our Notice of Privacy Practices provides information about how we may use and disclose protected health information about you. You have the right to review our notice before signing this consent. As provided in our notice, the terms of our notice may change. If we change our notice, you may obtain a revised copy at any AMP office.

You have the right to request that we restrict how protected health information about you is used or disclosed for treatment, payment, or health care operations. We are not required to agree to this restriction, but if we do, we are bound by our agreement.

By signing this form, you consent to our use and disclosure of protected health information about you for evaluation, monitoring and court reporting operations. You have the right to revoke this consent, in writing, except where we have already made disclosures in reliance on your prior consent.

Participant Signature \_\_\_\_\_ Date: \_\_\_\_\_

## Individual Rights

As an individual receiving services from Advanced Monitoring Professionals, LLC (AMP) you have the right to be treated with dignity and respect. All Individuals have the right to be treated equally regardless of race, ethnicity, religion, gender or sexual orientation. Below are the rights of all individuals in the program.

1. You shall be allowed access to your court evaluator in a reasonable period of time.
2. You shall participate in the selection of the treatment program;
3. To file a complaint with AMP, contact Kevin Kriz at 800-760-1518.
4. You have the right to file a complaint, grievance, or request a change to another evaluator without fear of reprisal or punishment. All complaints/grievances must be submitted in writing, and we will respond to you within 30 days. You may also file an appeal with the Oregon Health Authority, 500 Summer St. NE E86, Salem, Oregon 97301-1118 (503) 945-5763 if you are not satisfied with the grievance process.
5. You shall have confidentiality and the right to consent to disclosure in accordance with 42 CFR Part 2. Your Court Evaluator services will be confidential, in accordance with 42 CFR Part 2, and no information shall be disclosed without your approval and signing the appropriate release of information document(s).
6. You have the right to have all services explained to you in detail and consent to these services.
7. You will receive prior notice of service conclusion or transfer, unless the circumstances necessitating service conclusion or transfer pose a threat to health and safety.
8. You have the right to review and receive copies of your individual service record upon request within 5 days of your request.
9. You will be free from any experimental treatment.
10. You have the right to have significant others or family members present during court evaluation and referral activities.
11. You have the right to be free from restraint, seclusion, abuse or neglect.
12. You have the right to religious freedom.

I hereby certify that I have read and understand the above detailed rights that I am entitled to when entering services at Advanced Monitoring Professionals Services.

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

## TCU DRUG SCREEN II

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use <u>larger amounts of drugs</u> or use them for a longer time than you planned or intended?.....	<input type="radio"/>	<input type="radio"/>
2. Did you <u>try to cut down on your drug use</u> but were <u>unable</u> to do it?.....	<input type="radio"/>	<input type="radio"/>
3. Did you <u>spend a lot of time</u> getting drugs, using them, or recovering from their use?.....	<input type="radio"/>	<input type="radio"/>
4. Did you <u>get so high or sick</u> from drugs that it –		
a. <u>kept you from</u> doing work, going to school, or caring for children? .....	<input type="radio"/>	<input type="radio"/>
b. <u>caused an accident</u> or put you or others in danger?.....	<input type="radio"/>	<input type="radio"/>
5. Did you <u>spend less time at work, school, or with friends</u> so that you could use drugs?.....	<input type="radio"/>	<input type="radio"/>
6. Did your drug use <u>cause</u> –		
a. <u>emotional or psychological</u> problems?.....	<input type="radio"/>	<input type="radio"/>
b. problems with <u>family, friends, work, or police</u> ?.....	<input type="radio"/>	<input type="radio"/>
c. <u>physical health or medical</u> problems?.....	<input type="radio"/>	<input type="radio"/>
7. Did you <u>increase the amount</u> of a drug you were taking so that you could get the same effects as before?.....	<input type="radio"/>	<input type="radio"/>
8. Did you ever keep taking a drug to <u>avoid withdrawal symptoms</u> or keep from <u>getting sick</u> ? .....	<input type="radio"/>	<input type="radio"/>
9. Did you <u>get sick or have withdrawal symptoms</u> when you quit or missed taking a drug?.....	<input type="radio"/>	<input type="radio"/>
10. Which <u>drug</u> caused the <u>most serious problem</u> ? [CHOOSE ONE]		
<input type="radio"/> None		
<input type="radio"/> Alcohol		
<input type="radio"/> Marijuana/Hashish		
<input type="radio"/> Hallucinogens/LSD/PCP/Psychedelics/Mushrooms		
<input type="radio"/> Inhalants		
<input type="radio"/> Crack/Freebase		
<input type="radio"/> Heroin and Cocaine (mixed together as Speedball)		
<input type="radio"/> Cocaine (by itself)		
<input type="radio"/> Heroin (by itself)		
<input type="radio"/> Street Methadone (non-prescription)		
<input type="radio"/> Other Opiates/Opium/Morphine/Demerol		
<input type="radio"/> Methamphetamines		
<input type="radio"/> Amphetamines (other uppers)		
<input type="radio"/> Tranquilizers/Barbiturates/Sedatives (downers)		

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11. How often did you use each type of drug during the last 12 months?

	DRUG USE IN LAST 12 MONTHS				
	NEVER	ONLY A FEW TIMES	1-3 TIMES A MONTH	1-5 TIMES A WEEK	ABOUT EVERY DAY
a. <u>Alcohol</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Marijuana</u> /Hashish .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <u>Hallucinogens</u> /LSD/PCP/ Psychedelics/Mushrooms .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Inhalants</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Crack</u> /Freebase .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Heroin and Cocaine</u> (mixed together as Speedball) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Cocaine</u> (by itself) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>Heroin</u> (by itself) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <u>Street Methadone</u> (non-prescription) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <u>Other Opiates</u> /Opium/Morphine/Demerol .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. <u>Methamphetamines</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. <u>Amphetamines</u> (other uppers) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
m. <u>Tranquilizers</u> /Barbiturates/Sedatives (downers)...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
n. Other ( <i>specify</i> ) _____ .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the last 12 months, how often did you inject drugs with a needle?

- Never*     
  *Only a few times*     
  *1-3 times per month*     
  *1-5 times per week*     
  *Daily*

13. How serious do you think your drug problems are?

- Not at all*     
  *Slightly*     
  *Moderately*     
  *Considerably*     
  *Extremely*

14. How many times before now have you ever been in a drug treatment program?

[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*     
  *1 time*     
  *2 times*     
  *3 times*     
  *4 or more times*

15. How important is it for you to get drug treatment now?

- Not at all*     
  *Slightly*     
  *Moderately*     
  *Considerably*     
  *Extremely*

**AUTHORIZATION FOR RELEASE OF INFORMATION**

NAME: \_\_\_\_\_ DOB \_\_\_\_\_

**I AUTHORIZE THE FOLLOWING INDIVIDUAL OR AGENCY:**

**TO PROVIDE INFORMATION TO AND FROM:** Advanced Monitoring Professionals, LLC (AMP) 711 Medford Center #216 Medford, OR 97504 Phone & Fax: 800-760-1518

**With this document, I authorize the exchange of following indicated and initialed information:**

- \_\_\_\_\_ Drug/Alcohol treatment (past and present)
- \_\_\_\_\_ Mental health information
- \_\_\_\_\_ Medical services and prescription information
- \_\_\_\_\_ Legal involvement (past or present)
- \_\_\_\_\_ Family (past and present)
- \_\_\_\_\_ I agree that the agency or individual listed above may share and exchange information about my progress in treatment as it relates to compliance with probation or diversion conditions.

This permission is good until date specified: \_\_\_\_\_, or thirty days after your case has been closed.

**Purpose:** *The information received will be used to: 1) evaluate you and the court ordered conditions; 2) refer you to appropriate services to satisfy legal requirements; 3) monitor your compliance to the bench probation and/or diversion agreement. 4) report your status of compliance to the court.*

I understand that my service record is protected under Federal (42 CFR Part 2) and Oregon State law (ORS 430.399(5)). I understand I can cancel this release at any time, but I also understand that the cancellation will not pertain to any information that has already been released before the cancellation. I understand that information about my case is confidential and protected by state and federal law. I approve the release of this information. I understand what this agreement means. I am signing on my own and have not been pressured to do so.

Signature \_\_\_\_\_ Date \_\_\_\_\_

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