

REPORT OF ADDICTION EVALUATION

North Dakota Department of Transportation, Drivers License & Traffic Safety Division
SFN 9585 (Rev. 07-2005)

CONFIDENTIAL
For Department of Transportation
Use Only

DRIVERS LICENSE & TRAFFIC SAFETY DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0700

FROM:

Licensed Addiction Treatment Program/Counselor	
Address	
City	Zip Code
Addiction Program/Counselor License Number	

REGARDING:

Patient/Driver's Name	Phone Number
Address	DOB
City	Zip Code

DLN

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Disclosure of the social security number is voluntary and is requested for the purpose of accurate identification. Failure to disclose a social security number will not affect the disclosure of other information. The Department of Human Services will not condition treatment on your agreement to authorize disclosure of your health information. The Department of Human Services may, however, require that you authorize disclosure of your health information if needed to make a determination about your eligibility for benefits or enrollment in a Department of Human Services health plan.

THIS EVALUATION IS ONLY VALID FOR SIX (6) MONTHS

The undersigned addiction counselor evaluated the above-named patient/driver on _____, _____, reporting to the Department of Transportation director under Section 39-06.1-10 (3.1) NDCC, and from that evaluation determined the following type of treatment/education program prescribed was:

- 16-Hour DUI Seminar
- Day Treatment/PHP
- High Intensity Residential
- Outpatient Services
- Inpatient
- Other _____
- Intensive Outpatient
- Low Intensity Residential

Addiction Counselor Signature / License Number / Date

RELEASE OF INFORMATION

I, the above-named patient/driver certify this report of addiction evaluation form was completed at my request to comply with the North Dakota Department of Transportation statutory requirements. I authorize the treatment program and/or addiction counselor herein named to release in writing information of my evaluation/recommendations to the Drivers License and Traffic Safety Division, North Dakota Department of Transportation.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient records, 42 CFR Part 2, and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent at any time by providing written notice to the agency or person except to the extent that action has been taken in reliance on it, and that in any event this consent expires automatically as follows: _____
(Specify the date, event, or condition upon which this consent expires.)

Notice to Whomever Disclosure is Made Concerning Addiction Records

This information has been disclosed to you from records protected by Federal confidentiality rules (42 CFR Part 2). The Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains, or as otherwise permitted by 42 CFR Part 2. A general authorization for 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 patient.

Patient/Driver Signature Date

- The licensed addiction treatment program/counselor is to return the original copy of the completed form to the Drivers License and Traffic Safety Division, Department of Transportation, 608 East Boulevard Avenue, Bismarck, ND 58505-0700, **within 5 working days following client evaluation.**
- The driver is to take a copy to an addiction treatment/education program when enrolling for the treatment prescribed. You are required to attend this treatment as a condition for the return of your driver's license under North Dakota Century Code 39-06.1-10 (3.1).

REMARKS: _____

