

# Barnaamijka Dhaqancelinta Darawalka lixadkoda dhameystirineyn Shaacinta Macluumaad Qarsoodi ah

Maarso 2024

anigoo ah, \_\_\_\_\_, oo dhashay taariikhda \_\_\_\_ / \_\_\_\_ / \_\_\_\_, waxaan u ogolaanayaa:

- Barnaamijka Dhaqancelinta Darawal nafada ah ( Impaired Driver Rehabilitation Program, IDRP),
- Waaxda Gaadiidka (DMV) ee ee Vermont,
- Degmada Vermont ama Maxkamada(ha) Sare ee ay khuseyso
- Waaxda Asluubta ee Vermont, oo ay ku jiraan Tijaabo iyo Sii daynta Maamuus ahaaneed (haddii ay khusayso),
- Ka Weecinta Maxkamadda iyo/ama Barnaamijka badqabk Khamriga Dhalinyarada (haddii ay khuseyso)

si aan ula xiriiro oo aan midba midka kale u shaacino macluumaadka ku saabsan xaqiiqooyinka diiwaangelinta IDRP, heerka, iyo dhammaystirka waxbarashada/daaweynta IDRP. Qadarka macluumaadka la shaaciyay ayaa noqon doona inta ugu yar ee lagama maarmaanka u ah in lagu qanciyo ujeedada. Macluumaadkan waxaa ku jiri kara macluumaadka daaweynta isticmaalka maandooriye ee ujeedada go'aaminta:

- Dhamaystirka shuruudaha ee loogu talagalay dib u soo celinta mudnaanta ruqsadayda darawalnim, iyo/ama
- U hogaansanaanta shuruudaha tijaabinta/sii daynta maamuus ahaaneed, iyo/ama
- Mid kale: \_\_\_\_\_

Fadlan dooro ururo ama dad kale oo dheeraad ah oo IDRP ay u sheegi karto ama la wadaagi karto macluumaadka ku saabsan horumarkaaga IDRP. Kuwan waxaa kamid ahaan kara xaaska, xubin qoyska kamid ah, qareenka, lataliye, ama Waaxda Gaadiidka ee Gobol kale. IDRP cidna kalama hadli doonto diiwaangelintaada/dhamaystirka IDRP ama uma diri doonto cadaynta dhamaystirka Gobol kale iyada oo aan ogolaansho qoraal ah laga helin.

- Xaaska/Xubinta Qoyska/Saaxiib (waa inay qoraan magaca(yada)): \_\_\_\_\_
- Qareen (magaca waa in la qoraa): \_\_\_\_\_
- La-taliyaha/Daryeel Bixiyaha Daawaynta: \_\_\_\_\_
- Qof(dad) kale: \_\_\_\_\_
- Waaxda(aha) Gaadiidka ee ka baxsan Vermont:  
Gobalka: \_\_\_\_\_  
Cinwaanka Deegaanka: \_\_\_\_\_  
Fakiska/limaylka: \_\_\_\_\_

- Waxaan u ogolaanaya IDRP inay igala soo xiriirto iimayl oo aan fahmo in xiriirkan aan loo dammaanad qaadi karin inay yihiin kuwo amaan ah ama qarsoodi ah.

Cinwaanka limaylka: \_\_\_\_\_

Saxeexitaanka foomkan, waxaan fahmay: diiwaanadayda daawaynta isticmaalka khamriga iyo/ama maandooriyaha waxa lagu ilaaliyaa xeerarka dawlada dhexe ee xukuma Asturnaanta Diiwaanada Bukaansocodka Istickmaalka Maandooriye, 42 C.F.R. Qaybta 2, iyo Xeerka Caymiska Caafimaadka iyo La Xisaabtanka ee 1996 ("Health Insurance Portability and Accountability Act, HIPAA"), 45 C.F.R. Pts. 160 & 164 lamana shaacin karo ogolaanshahayda qoran la'aanteed ilaa ay si kale u ogolaadaan xeerarku. IDRP waxay ilaalin doontaa macluumaadkayaga laakiin

Saxeexa ka Qeybqaataha: \_\_\_\_\_ Taariikhda: \_\_\_\_\_ xa laga  
an sida

ugu dhaqsiiyaha badan looga noqonin ogolaanshahan wuxuu dhacayaa si toos ah marka layga sii daayo tijaabada/sii daynta maxbuus iyo/ama dib u soo celinta mudnaanta ruqsadayda darawalnimo. La igama baahna inaan saxeexo foomkan si aan uga qaybqaato IDRP laakiin haddii aanan saxeexin foomkan IDRP lama wadaagi karo macluumaadka dhamaystirka barnaamijka Waaxda Gaadiidka ama cid kale.

# Impaired Driver Rehabilitation Program

## Release of Confidential Information

March 2024

I, \_\_\_\_\_, with date of birth \_\_\_\_ / \_\_\_\_ / \_\_\_\_, authorize:

- The Impaired Driver Rehabilitation Program (IDRP),
- The Vermont Department of Motor Vehicles (DMV),
- Applicable Vermont District or Superior Court(s),
- The Vermont Department of Corrections, including Probation & Parole (if applicable),
- Court Diversion and/or Teen Alcohol Safety Program (if applicable)

to communicate with and disclose to one another information about the facts of my IDRP enrollment, status, and completion of the IDRP education/treatment program. The amount of information disclosed will be the minimum amount necessary to satisfy the purpose. This information may include substance use treatment information for the purpose of determining:

- Completion of requirements for the reinstatement of my driving privileges, and/or
- Compliance with the conditions of my probation/parole, and/or
- Other: \_\_\_\_\_

Please select any additional organizations or people to which IDRP may disclose or share information about your IDRP progress. This might include a spouse, family member, attorney, counselor, or another State's DMV. IDRP will not discuss your IDRP enrollment/completion with anyone or send proof of completion to another State without written authorization.

- Spouse/Family Member/Friend (must list name(s)): \_\_\_\_\_
- Attorney (must list name): \_\_\_\_\_
- Counselor/Treatment Provider: \_\_\_\_\_
- Other person(s): \_\_\_\_\_
- Department(s) of Motor Vehicles outside Vermont:  
State: \_\_\_\_\_  
Address: \_\_\_\_\_  
Fax/Email: \_\_\_\_\_

- I authorize the IDRP to communicate with me via email and understand that these communications cannot be guaranteed as secure or confidential.

Email address: \_\_\_\_\_

By signing this form, I understand: my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Substance Use Disorder 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 allowed by the regulations. IDRP will protect my information but there is the potential for information disclosed pursuant to this consent to be redisclosed by the recipient. I may revoke this consent at any time by contacting IDRP except to the extent it was already relied on. If not sooner revoked this consent expires automatically upon my release from probation/parole and/or upon reinstatement of my driving privileges. I am not required to sign this form to participate in IDRP but if I do not sign this form IDRP cannot share program completion information with DMV or any other party.

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