

AEP APPLICATION

IMPORTANT: In order to better understand your needs, it is important that you answer all questions completely and honestly. All of this information is **confidential** and will be protected in accordance with federal confidentiality and privacy laws.

Date: _____

Please check which program you are attending: All Day AEP (1 Session)
 Alcohol Educational Program (4 sessions) Alcohol Alert Program (1 session)

 First Last M.I.

 Street Address (If student, use university box # or local address, please)

 City State Zip Code

 Home/Cell Phone (circle one) Emergency Contact/Relationship/Phone Number

 If under the age of 16, Responsible Party Relationship to Self

 Social Security Number Date of Birth Age Gender Race

REFERRAL INFORMATION

Who referred you to Insights? _____

Consent for the Release of Confidential Information

Client Name (Last, First, MI)	SSN#
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I, _____, authorize
(name of client)

Insights Educational & Treatment Services to disclose to:

_____ ,
(person or organization to whom disclosure is to be made)

the following information:

Recommendations, Participation, Progress Reports, Treatment Plans, Reason for admission, attendance and discharge date, drug screen results and other information as indicated:

Purpose of the disclosure is to:

Coordinate treatment services including referrals and to obtain outcomes and follow up data

I understand that my records are protected under the federal regulations governing Confidentiality, and the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R., Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for the regulations. I also understand that I may revoke this 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 as follows:

12 months after discharge from services or upon written revocation
(specification of the date, event or condition upon which this consent expires)

I understand that, generally, this company 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 consent form.

Client Signature	Date
Parent, Guardian, or Authorized Representative Signature (if required)*	Date
Witness Signature	Date

Revocation of Consent

Client Signature	Date
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*Authorized representatives must demonstrate legal authority to sign

INSIGHTS EDUCATIONAL AND TREATMENT SERVICES

Alcohol Education Program- Frequently Asked Questions:

Q: What are we going to do at this class?

A: This is a good question, 8 hours does seem like a long time. However, we will provide information regarding alcohol and its abuses, decision-making, risk taking behaviors as well as possible ways to avoid future risk. It is presented by several different clinical counselor/educators that manage to keep it entertaining and interesting. It's important that you are engaged in the class. For the all day program, there are timely breaks, a lunch hour and snacks are provided.

Q: Can you provide me with an excuse for my school/job?

A: Yes. Let us know at check in prior to class that you need a printed excuse, and you can pick it up at the end of the class.

Q: Can I bring a friend?

A: No. Due to federal privacy laws, you may not bring guests.

Q: What if I miss class/have a scheduling conflict?

A: Please call us as soon as possible and we can schedule you to ensure that your 8 hour requirement is complete by the deadline date provided by the court.

Q: When do we pay for it?

A: Before the class, you will be checked in at the front desk, payment is expected at this time. If this is not convenient, you can have a parent call in a payment prior to the class or bring your payment by anytime before your scheduled class date (s).

Q: Do I need a money order?

A: No. We do accept money orders, but we also accept cash, Visa, MasterCard, Discover, and debit cards. **We do not accept personal checks.** A receipt will be provided.

Please call 803-750-8444 if you have any additional questions!