REPORT OF ADDICTION TREATMENT

North Dakota Department of Transportation, Driver License
SFN 9997 (1-2023)

CONFIDENTIAL
For Department of Transportation Use Only

DRIVER LICENSE DIVISION
ND DEPARTMENT OF TRANSPORTATION
608 E BOULEVARD AVE
BISMARCK ND 58505-0750
EMAIL: drs@nd.gov

The Addiction/Education Program is to submit this completed form within 5 working days following client enrollment and also upon completion/termination of the program.

FROM:			**REGARDING:**		
Licensed Addiction Treatment Program/Counselor/Qualified Professional			Patient/Driver's Name		Telephone Number
Address			Address		Date of Birth
City	State	ZIP Code	City	State	ZIP Code
Qualified Professional (LAC, PhD, LPCC, LCSW)			Driver License Number (DLN)		

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.

VERIFICATION OF TREATMENT

Enrollment Date	Expected Completion Date (to be filled out with enrollment)	Completion Date

- ☐ 12-Hour DUI Seminar
- ☐ 16-Hour DUI Seminar
- ☐ 20-Hour DUI Seminar
- ☐ Day Treatment/PHP
- ☐ Inpatient
- ☐ Low Intensity Residential
- ☐ High Intensity Residential
- ☐ Long Term Residential
- ☐ Outpatient Services
- ☐ Low Intensity Outpatient
- ☐ Intensive Outpatient
- ☐ Drug Court
- ☐ Victim Impact Panel (VIP)
- ☐ None
- ☐ Other: _____

Qualified Professional Signature	License Number	Date

Comments

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 North Dakota Department of Transportation, Driver License Division.

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