

Washington State DUI Treatment Informed Consent

To have my DUI expectations met by treatment at LifeStance Health, Inc., ("LifeStance"):

I, _____, understand the following:

_____ I understand the STATE of Washington expects all DUI clients presenting for an assessment to allow providers to collect collateral information from external sources such as family members, support individuals, legal entities, courts, and employers. This information can be brought in for review by the client at the time of the appointment or the provider can seek this information with appropriate authorizations.

_____ Information that can be collected by LifeStance for the assessment includes:
Blood or breath alcohol levels and other drug levels, or documentation of refusal at the time of the arrest, if available.
Self-reported driving record and the abstract of the individual's legal driving record.

_____ I understand LifeStance must report non-compliance, in all levels of care, for an individual ordered into substance use disorder treatment by a court of law or other appropriate jurisdictions. Failure to do so under chapter 46.61 RCW is subject to penalties as stated in RCW 46.61.5056(4). Non-compliance can include the following:

Emergent non-compliance must be reported within 3 working days and include:

- Violation of the terms of the court order for purposes of revocation of the individual's conditional release
- Failure to maintain abstinence from alcohol and other non-prescribed drugs verified by self-report and blood or laboratory test results
- Use of marijuana as LifeStance located at _____ does not recognize marijuana as a prescribed drug
- Subsequent alcohol- or drug-related arrests
- Leaving the program against program advice
- Discharge from the program for rule violations.

Non-emergent non-compliance must be reported within 10 working days and include:

- Unexcused absences or failure to report to treatment
- Failure to attend mandatory self-help groups
- Failure to make acceptable progress in any part of the treatment plan.

_____ If the assessor's findings do not result in a substance use disorder diagnosis, the assessor must obtain:

- A copy of the police report
- A copy of the court originated criminal case history
- The results of a urinalysis or drug testing obtained at the time of the assessment, and

- A referral to ADIS (Alcohol and Drug Information School)
- If the information above is required and not readily available, the record must contain documentation of the attempts to obtain the information

_____ I must sign authorizations for my external sources for collateral information gathering.

_____ I must submit a copy of the police report, court originated criminal case history, and driving abstract when requested.

_____ I must provide (my own) substance-free/non-dilute UAs and/or ETGs randomly, as requested by my Substance Use Disorder Counselor, but no more than 14 days between samples

_____ I understand I must submit UAs/ETGs verifying a minimum of 90 days clean from all substances of abuse beginning with the first negative UA/ETG submitted.

_____ If I submit a UA/ETG positive for screened substances after submitting negative UAs/ETGs, the entire days of verified abstinence must begin again from the date of the next negative UA/ETG submitted.

_____ If I submit dilute urinalysis under 20 mg/mL even though negative for screened substance, I may end up having to start my 90 days of continuous abstinence over. Dilute urinalysis under 10 mg/mL will not be accepted as valid by this program and could result in starting your 90 days of continuous abstinence over.

_____ All fees must be paid in full before documents can be released to your referent, Courts, or DMV indicating your successful completion of the program. If you anticipate a balance at discharge, you must have a payment plan signed and submitted to Billing.

By signing this consent, I am stating I understand my obligations to be successful in the program and State legal requirements and I am voluntarily agreeing to engage in treatment at LifeStance for DUI Treatment.

Signature: _____

Date: _____

Counselor Signature: _____

Date: _____