

Programe ya kobongisa bashofele oyo bazali na mikakatano

Kobimisa Bansango ya Nkuku

Sanza ya misato 2024

Ngai, _____, oyo abotami na le ____ / ____ / ____, napesi nzela:

- Programe ya kobongisa bashofele oyo bazali na mikakatano (IDRP),
- Biro ya Vermont oyo etalelaka mituka (DMV),
- Tribinale ya Monene ya Etuka ya Vermont oyo ezali na lotomo ya kosala yango,
- Departema ya misala ya kobongisa bato na Vermont, ata mpe misala ya kolandela moto oyo azali na etumbu ya libela mpe oyo azali na ndingisa ya kobima na boloko (soki esengeli),
- Programe ya kobengana makambo na ribinale mpe/to ya kobatela bilenge na masanga (soki ezali)

mpe na kosolola mpe kopesana bansango na ntina na makambo ya bokomisi na ngai na IDRP, ezalela, mpe bosilisi na ngai ya mateya/lisungi ya monganga ya IDRP. Motango ya bansango oyo ekopesama ekozala motango ya moke oyo esengeli mpo na kokokisa mokano yango. Makambo oyo ekoki kozala na kati ya makambo etali lolenge ya kosalela biloko mpo na koyeba:

- Kokokisama ya masengami mpo na kozongisama ya makoki na ngai ya kokumba motuka, mpe/to
- Kotosa mibeko ya probation/libération conditionnelle na ngai, mpe/to
- Mosusu: _____

Tosengi yo opona bibongiseli to bato mosusu oyo IDRP ekoki koyebisa to kokabola na bango bansango etali ndenge IDRP na yo ezali kotambola. Yango ekoki kozala molongani, ndeko ya libota, avoka, mopesi-toli, to DMV ya Etuka mosusu. IDRP ekoyebisa na moto moko te ete okomi na IDRP to osilisi yango to mpe ekotinda te mokanda oyo emonisi ete osilisi yango na Etuka mosusu kozanga ndingisa na yo na mokanda.

☐ Molongani/Moto ya libota/Monenga (esengeli kotanga (ba)nkombo): _____

☐ Avoka (esengeli kotanga nkombo na ye): _____

☐ Mopesi-toli/moto oyo azali kopesa lisalisi: _____

☐ Moto(bato) mosusu: _____

☐ Departema ya Mituka na libanda ya Vermont:

Etuka: _____

Adresi: _____

Fax/Email: _____

☐ Napesi IDRP ndingisa ya kosolola na ngai na nzela ya e-mail mpe nayebi ete masolo oyo ekoki kozala ya kobombama to ya sekele te.

Adresi Email: _____

Ndenge natye sinyatire na ngai na formulaire oyo, nayebi ete: mikanda na ngai ya lisalisi ya masanga mpe/to ya bangi ebatelami na nzela ya mibeko ya fédéral oyo etambwisaka Mikanda ya mobeli oyo etali sekele ya bokono ya kosalela biloko ya makasi, 42 C.F.R. Eteni ya 2, mpe mobeko ya assurance maladie ya 1996 (Health Insurance Portability and Accountability Act) ("HIPAA"), 45 C.F.R. Pts. 160 mpe 164 mpe ekoki kopesama te kozanga ete nandima yango na mokanda, longola kaka soki mibeko epekisi yango. IDRP ekobatela bansango na ngai kasi ezali na likoki mpo na bansango oyo epesami na boyokani na ndingisa oyo epesama na moto oyo azwi yango. Nakoki kolongola ndingisa na ngai na ntango nyonso soki nasololi na IDRP, longola kaka soki natyelaki yango motema. Soki nalongoli yango noki te, ndingisa yango ekolongwa ntango nakolongwa na boloko to ntango nakokoma lisusu na ndingisa ya kokumba motuka. Nasengeli te kotia maboko na formulaire oyo mpo na kosangana na IDRP kasi soki natie maboko na formulaire oyo te IDRP ekoki te kokabola ba informations ya bosilisi programme na DMV to na parti mosusu.

Sinyatirei ya mosangani: _____ Dati: _____

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: _____