



CENTER FOR BEHAVIORIAL HEALTH, LLC
COLUMBIA ADDICTIONS CENTER

5570 Sterrett Place, Suite 205, Columbia, MD 21044
Tele: 410.730.1333 Fax: 410.730.1559 Email: cac@columbiaaddictions.com

Name _____

Date of Birth: _____ SS# _____

Address _____

City: _____ State: _____ Zip: _____

Home #: _____ Cell #: _____

E-mail: _____ Preferred contact (circle one): home # cell # e-mail

Emergency contact (name & phone #): _____

Company Name _____

Company Address _____

Designated Employer Representative (DER) _____

DER Phone _____ DER Fax _____

Date of violation _____

Description of violation _____

List safety sensitive duties _____

Evaluation performed by (circle one):

Eileen Dewey, LCSW-C
Maryland License # 05705
NAADAC SAP Certification # 13504

Judith Jakubowski, CAC-AD, MAC, SAP
Maryland License #AC1517
NAADAC SAP Certification # 20505

**STATEMENT OF UNDERSTANDING
for the release and exchange of necessary information**

I, _____ acknowledge that Eileen Dewey, LCSW-C, Judith Jakubowski, CAC-AD, MAC, and other service agents **must disclose** to each other and the employer designated representative (DER) pertinent and relevant information regarding:

1. Violation of DOT regulations (prohibited conducts)
2. Drug and/or alcohol test results
3. The SAP's synopsis of my treatment plan
4. The SAP's assessment evaluation and treatment plan
5. Diagnostic information, where applicable
6. Treatment progress reports
7. Program completion information, including discharge summary
8. Program involvement dates, attendance reports
9. Other relevant information as it pertains to my return-to-duty process

Service Agents include the collector, the lab, the medical review officer (MRO), substance abuse professional (SAP), third party administrators and consortiums. The purpose of the exchange of this information is to comply with DOT requirements that must be met before I may take a Return to Duty drug and/or alcohol test, prior to being considered by my employer for returning to the performance of safety-sensitive functions under DOT regulations.

I understand that communication between service agents/entities is required under U.S. Department of Transportation rules and regulations, and is permitted without my authorization. In addition, the regulations permit the SAP to send required reports to my employer, without my authorization. However, in order for the SAP to provide reports to employers other than my current employer, including future employers, the SAP must obtain my written authorization.

Client Signature

Date

MICHIGAN ALCOHOLISM SCREENING TEST (MAST)

Do you feel that you are a normal drinker? (...meaning that you drink less than or the same as others)	YES	NO
Have you ever awakened the morning after drinking and found that you could not remember part of the previous evening?	YES	NO
Does a relative ever complain about or worry about your drinking?	YES	NO
Can you stop drinking after one or two drinks without a struggle?	YES	NO
Do you feel guilty about your drinking?	YES	NO
Do friends or relatives think you are a normal drinker?	YES	NO
Are you able to stop drinking when you want to?	YES	NO
Have you ever attended a meeting of Alcoholic Anonymous (AA)?	YES	NO
Have you gotten into physical fights while drinking?	YES	NO
Has your drinking ever created problems between you and your spouse, parents, or other relative?	YES	NO
Has any family member ever sought help regarding <u>your</u> drinking?	YES	NO
Have you ever lost friends because of your drinking?	YES	NO
Have you ever gotten into trouble at school or work because of drinking?	YES	NO
Have you ever lost a job because of drinking?	YES	NO
Have you ever neglected your obligations (such as family or work) for two or more days in a row because of your drinking?	YES	NO
Do you drink before noon fairly often?	YES	NO
Have you ever been told that you have liver trouble? Cirrhosis?	YES	NO
After heavy drinking, have you ever had Delirium Tremors (DTs), severe shaking, or hallucinations?	YES	NO
Have you ever gone to anyone for help about your drinking?	YES	NO
Have you ever been in a hospital because of your drinking?	YES	NO
Have you ever been in a psychiatric hospital as a result of drinking?	YES	NO
Have you ever been seen at a psychiatric or mental health clinic, or by a doctor, social worker, or clergy for help with an emotional issue where drinking was part of the problem?	YES	NO
Have you ever been arrested for drunk or impaired driving? If YES, how many times?	YES	NO
Have you ever been arrested for any other alcohol or drug related offense?	YES	NO

DAST – Thinking of the last 2 years, please answer the following questions

Can you get through the week without using drugs (other than required for medical reasons)?	YES	NO
Are you always able to stop using drugs when you want to?	YES	NO
Have you used drugs other than those required for medical reasons?	YES	NO
Have you abused prescription drugs?	YES	NO
Do you abuse more than one drug at a time?	YES	NO
Do you abuse drugs on a continuous basis?	YES	NO
Do you try to limit your drug use to certain situations?	YES	NO
Have you had “blackouts” or “flashbacks” as a result of drug use?	YES	NO
Do you ever feel bad about your drug abuse?	YES	NO
Does your spouse (or parents) ever complain about your involvement with drugs?	YES	NO
Do your friends or relatives know or suspect you abuse drugs?	YES	NO
Has drug abuse ever created problems between you and your spouse?	YES	NO
Has any family member ever sought help for problems related to your drug use?	YES	NO
Have you ever lost friends because of your use of drugs?	YES	NO
Have you ever neglected your family or missed work because of your use of drugs?	YES	NO
Have you ever been in trouble at work because of drug abuse?	YES	NO
Have you ever lost a job because of drug abuse?	YES	NO
Have you gotten into fights when under the influence of drugs?	YES	NO
Have you ever been arrested because of unusual behavior while under the influence of drugs?	YES	NO
Have you ever been arrested for driving while under the influence of drugs?	YES	NO
Have you engaged in illegal activities in order to obtain drug?	YES	NO
Have you ever been arrested for possession of illegal drugs?	YES	NO
Have you ever experienced withdrawal symptoms as a result of heavy drug intake?	YES	NO
Have you had medical problems as a result of your drug use (memory loss, hepatitis, convulsions, etc.)?	YES	NO
Have you ever gone to anyone for help for a drug problem?	YES	NO
Have you ever been in a hospital for medical problems related to your drug use?	YES	NO
Have you ever been in a treatment program specifically related to drug use?	YES	NO
Have you been treated as an outpatient for problems related to drug abuse?	YES	NO