



MINDFULNESS

HOLISTIC WELLNESS & HEALING

210 2nd Street, St. Mary's WV 26170

DUI Intake Packet Checklist

Please use this checklist to help make sure you bring everything you need to your Intake Group:

_____ Intake Packet

- Demographic Form
- Agreement of Understanding
- Client Rights and Responsibilities
- Drug Abuse Screening Test (DAST-10)
- Alcohol Use Identification Test (AUDIT)
- Authorization for Release of Protected Health Information

_____ Copy of Current Driving Record

_____ List of Current Medications

_____ Medication Bottles Showing Current Dates

_____ \$430.00 Cash or Money Order

(\$400 for Program Fee, \$20 for Urine Drug Screen, \$10 for Program Workbook)

What to Expect:

When you come in for your intake group at 4:00pm on a Monday....

- Check in at the front desk and let them know you are here for DUI
- Turn in your intake packet to front desk
- Pay your \$430.00 cash/money order to front desk
- Front desk will send you back to the benches located in the art gallery
- Mindfulness staff will conduct urinalysis drug test on all participants
- After drug tests are finished, staff will invite everyone to group room (around 5:00pm) for one hour intake group.
- Mindfulness staff will explain program requirements and expectations, explain the process of and placement in Levels 1,2, and 3, and you will receive a workbook.
- Group will conclude around 6:00pm and we will see you for your first Level 1 Group on Friday at 5:00pm!



210 2nd Street St. Marys, WV 26170
 Phone: (304) 699-1419 Fax: (304) 586-6424

DUI Participant Demographic Form

3/28/2019 19:22:39

CLIENT INFORMATION				
Patient's Last Name	First	Middle	<input type="radio"/> Mr. <input type="radio"/> Miss <input type="radio"/> Mrs. <input type="radio"/> Ms.	Marital Status <input type="radio"/> Single <input type="radio"/> Married <input type="radio"/> Divorced <input type="radio"/> Separated <input type="radio"/> Widowed
Birth Date	Age	Gender <input type="radio"/> Male <input type="radio"/> Female <input type="radio"/> Other	Social Security Number	
Street Address				Phone # () Can we leave a message? <input type="radio"/> Yes <input type="radio"/> No
P.O. Box	City	State	Zip	County
Occupation		Employer		Employer Phone #
Email:				
Chose Mindfulness LLC Because/Referred by <input type="radio"/> Dr. _____ <input type="radio"/> Attorney _____ <input type="radio"/> Family <input type="radio"/> Friend <input type="radio"/> Close to Home/Work <input type="radio"/> Yellow Pages <input type="radio"/> Other: _____				
Need Disability Special Accommodations?		Highest Grade Cmpl	Current Income (for demographic purposes)	Add Military Service? <input type="radio"/> Yes <input type="radio"/> No
DUI ARREST INFORMATION				
Place of Arrest		Arrest Date	BAC at Time of Arrest	Total # of DUIs in Lifetime
License #	Issuing State	DMV File Number		License Plate #
Current Drinking Pattern : <input type="radio"/> No Use in Past 30 Days <input type="radio"/> 1-2 times/30days <input type="radio"/> 3-4 times/30 days <input type="radio"/> 1-3 times/week <input type="radio"/> Daily				
IN CASE OF EMERGENCY				
Name of Local Friend or Relative			Relationship to You	Emerg Contact #
The Above Information is TRUE to the Best of My Knowledge				
Client Signature _____			Date _____	
Client Printed Name _____			Date _____	
Witness Signature _____			Date _____	



Agreement of Understanding of Program Rules, Regulations, Policies, and Fees

REGISTRATION

An enrollment fee of FOUR HUNDRED & THIRTY dollars (\$430.00) cash or money order made payable to Mindfulness LLC is required for enrollment into the WV DUI Safety and Treatment Program. This registration fee covers the cost of the following services:

- Enrollment Group/Drug screen/ Responsible Decisions Workbook. If workbook is lost or stolen, an additional \$10.00 replacement fee will be charged.
- Prevention and Educational Component (Level 1) Six Week Program - 18 hours of Education

A Substance Abuse Evaluation for Levels 2 and 3 is necessary if, for example, you have had a high BAC at the time of your arrest, the DMV deems this offense your second or more, or if you refused the breathalyzer (Implied Consent). The fee is \$160. (Some insurances are accepted for this service, copay and preauthorization apply, subject to deductible).

Fees for Level 2 and Level 3 can be found under **Fee Schedule** below.

ALL PAYMENTS ARE CASH OR MONEY ORDER ONLY.

I also understand that my enrollment fee is non-refundable in any part or under any circumstances.

ATTENDANCE

Each class of the WV DUI Safety and Treatment Program is MANDATORY and must be attended. I understand the following attendance policy:

- If ONE session is missed, for any reason, I understand that I will need to make up that missed class when it is available again.
- If TWO sessions are missed, I will be required to repeat the entire Educational Component (Level 1). Some fees may apply
- If THREE OR MORE sessions are missed, I understand that I will need to be re-assessed and pay a re-assessment fee of \$160.00.
- If no program attendance for thirty days, I will require a re-enrollment fee of \$160.00
- All programming must be completed within one year of date of enrollment or full re-enrollment (\$430.00) may be necessary.

ALCOHOL & DRUG FREE PROGRAM

All participants enrolled in the WV DUI Safety and Treatment Program must abstain from all use of alcohol or other drugs. A drug screen and breathalyzer will be conducted at Enrollment Group. I understand that I may be asked to submit to a breathalyzer and at least two (2) drug screens at any time during the program. Failure to comply will result in discharge from the program. I understand that a positive breathalyzer or drug screen may mean discharge from the program, with all pre-paid fees forfeited.

FEE SCHEDULE

Breathalyzer = Free Substance Abuse Evaluation=\$160 Workbook = \$10

Drug Screen (Instant) - \$20 (if positive will send away for verification - \$65)

Proof of Participation Letter=\$10 (at least 48 hours notice)

Expedited Proof of Participation Letter =\$20 (less than 48 hours notice)

Level 2 Group (6 sessions): \$300 Level 3 Sessions (12 sessions): \$780

ALL PAYMENTS ARE CASH OR MONEY ORDER ONLY

ADDITIONAL PROGRAMING

The WV DUI Safety and Treatment Program is a minimum of six (6) weeks. This consists of the 18 hour Educational Component (Level 1) meeting once a week for 6 weeks, each meeting 3 hours in length. Additional programming, if necessary, will be discussed at the time of enrollment. Some insurances are accepted for the additional programming listed below. A co-pay and pre-authorization may be required, amount is subject to deductible.

- INTERVENTION & EDUCATION COMPONENT (Level 2) - a series of one hour groups that are started AFTER successful completion of the Educational Component (Level 1). The fee for the Intervention Sessions is \$50 per session.
- INTENSIVE CARE COMPONENT (Level 3) - This level of care includes outpatient individual sessions or inpatient detox services. Mindfulness LLC only offers outpatient services at this time, therefore if inpatient detox services are required, we will assist in providing information/referrals to inpatient treatment with another provider. This will be discussed at the time of enrollment. The fee for the Intensive Care Sessions is \$65.00 per session.

Determination of the appropriate Level will be made at time of enrollment, however, additional programming may be required if:

- It is determined during Level 1 that the client has not remained alcohol & drug free during the time enrolled in the program.
- The client is in need of re-enrollment based on no activity for thirty days or improper behavior.
- The client has had a positive breathalyzer or drug screen for any non-prescribed medications, or if there is any other indication of violation of the alcohol & drug free policy of the program.
- Other rule infractions or behaviors that would indicate a higher level of care for completion

APPEAL PROCESS

If I disagree with the assessment and resulting recommendations, treatment plan, or action plan, I may request an appeal at the time of the enrollment. The client will have three business days to submit an appeal. The appeal will be reviewed by clinical personnel not involved in the initial assessment. A report from the clinician will be submitted stating the reason for the placement. Completion of the appeals process will allow the client to appeal to the DMV directly. The decision of the DMV will be final.

COMPLETION

All requirements must be completed before any documentation of completion can be delivered, including all fees for services paid in full. I fully understand that the DMV has the final decision regarding the reinstatement of my driving privileges in the State of WV.

DISCHARGE/TERMINATION

My signature certifies that I fully understand and agree to abide by the rules, regulations, and policies of Mindfulness LLC and the WV DUI Safety and Treatment Program. I understand that if I am terminated for any reason that any and all pre-paid fees are non refundable.

Signature of Participant

Date

Mindfulness Staff Signature



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CLIENT RIGHTS AND RESPONSIBILITIES

CLIENT RIGHTS

1. To retain my legal rights as provided by state & federal laws
2. To receive an explanation of these rights, responsibilities, treatment alternatives, and costs in an understandable manner.
3. To receive prompt evaluation and quality individualized treatment; to be fully informed about the purposes of treatment, and to participate in the development of my treatment plan.
4. To be treated kindly, with respect, and without discrimination by age, race, religion, sex, sexual preference, handicap, or national origin.
5. To not be subjected to experimental or investigational research without prior written consent from my guardian or myself.
6. To have access to my treatment records, which are kept confidential to the extent, permitted by law. This shall be limited by considerations of sound therapeutic treatment and shall be done in the presence of a representative of Mindfulness LLC.
7. To refuse specific medications or treatment, and to be allowed access to consultation with a private physician at my own expense, for purposes of a second opinion
8. To be treated under the least restrictive environment consistent with my condition and not be subjected to isolation or unnecessary physical restraint.
9. To be fully informed of the costs for services rendered and any related insurance provider issues or limitations.
10. To question or voice concerns about staff, services, and treatments and to request an impartial review of violations of these rights; to file a formal grievance; and/or to obtain legal council.

CLIENT RESPONSIBILITIES

While I am a client at Mindfulness LLC, I hereby agree:

1. To report any changes in my condition, employment, living arrangement or other support services, or other personal situations that might affect my treatment plan.
2. To treat other program participants with dignity and respect and to **preserve their confidentiality by not disclosing names during or after treatment.**
3. To attend and participate in all groups and other prescribed treatment and to work sincerely toward my treatment goals.
4. To contact Mindfulness LLC staff 24 hours in advance for the cancellation of an individual or group session to avoid being charged. If I give less than 24 hour notice, or fail to call, I am aware that I may be charged (\$50.00) for the missed appointment. I am also aware that insurance does not cover missed appointment fees and that I am responsible for missed appointment fees. Exceptions may be made for verifiable emergency situations.
5. To encourage my spouse, significant other, or parents/guardians (as appropriate) to participate in the educational and support programs provided or recommended by counselor or staff.
6. To treat staff and others with courtesy and respect, understanding that I retain the right to voice objection over their behavior or file a grievance as described under client rights.
7. To abide by payment arrangements as described in the financial policy I have previously signed.

I have reviewed these Client Rights and Responsibilities and I understand their contents.

Signature of Client

Date

Signature of Mindfulness LLC Representative

Date

Drug Abuse Screening Test, DAST-10

The following questions concern information about your possible involvement with drugs *not including alcoholic beverages* during the past 12 months.

"Drug abuse" refers to (1) the use of prescribed or over-the-counter drugs in excess of the directions, and (2) any nonmedical use of drugs.

The various classes of drugs may include cannabis (marijuana, hashish), solvents (e.g., paint thinner), tranquilizers (e.g., Valium), barbiturates, cocaine, stimulants (e.g., speed), hallucinogens (e.g., LSD) or narcotics (e.g., heroin). Remember that the questions *do not* include alcoholic beverages.

Please answer every question. If you have difficulty with a statement, then choose the response that is mostly right.

In the past 12 months...			Circle	
1.	Have you used drugs other than those required for medical reasons?		Yes	No
2.	Do you abuse more than one drug at a time?		Yes	No
3.	Are you unable to stop abusing drugs when you want to?		Yes	No
4.	Have you ever had blackouts or flashbacks as a result of drug use?		Yes	No
5.	Do you ever feel bad or guilty about your drug use?		Yes	No
6.	Does your spouse (or parents) ever complain about your involvement with drugs?		Yes	No
7.	Have you neglected your family because of your use of drugs?		Yes	No
8.	Have you engaged in illegal activities in order to obtain drugs?		Yes	No
9.	Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		Yes	No
10.	Have you had medical problems as a result of your drug use (e.g. memory loss, hepatitis, convulsions, bleeding)?		Yes	No
Scoring: Score 1 point for each question answered "Yes," except for question 3 for which a "No" receives 1 point.			Score:	

Interpretation of Score		
Score	Degree of Problems Related to Drug Abuse	Suggested Action
0	No problems reported	None at this time
1-2	Low level	Monitor, re-assess at a later date
3-5	Moderate level	Further investigation
6-8	Substantial level	Intensive assessment
9-10	Severe level	Intensive assessment

The Alcohol Use Disorders Identification Test: Self-Report Version

PATIENT: Because alcohol use can affect your health and can interfere with certain medications and treatments, it is important that we ask some questions about your use of alcohol. Your answers will remain confidential so please be honest. Place an X in one box that best describes your answer to each question.

Questions	0	1	2	3	4	
1. How often do you have a drink containing alcohol?	Never	Monthly or less	2-4 times a month	2-3 times a week	4 or more times a week	
2. How many drinks containing alcohol do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more	
3. How often do you have six or more drinks on one occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
4. How often during the last year have you found that you were not able to stop drinking once you had started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
5. How often during the last year have you failed to do what was normally expected of you because of drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
7. How often during the last year have you had a feeling of guilt or remorse after drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
8. How often during the last year have you been unable to remember what happened the night before because of your drinking?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily	
9. Have you or someone else been injured because of your drinking?	No		Yes, but not in the last year		Yes, during the last year	
10. Has a relative, friend, doctor, or other health care worker been concerned about your drinking or suggested you cut down?	No		Yes, but not in the last year		Yes, during the last year	
					Total	

**STANDARD
DRINK
EQUIVALENTS**

**APPROXIMATE
NUMBER OF
STANDARD DRINKS IN:**

BEER or COOLER

12 oz.



~5% alcohol

12 oz. = 1
16 oz. = 1.3
22 oz. = 2
40 oz. = 3.3

MALT LIQUOR

8-9 oz.



~7% alcohol

12 oz. = 1.5
16 oz. = 2
22 oz. = 2.5
40 oz. = 4.5

TABLE WINE

5 oz.



~12% alcohol

a 750 mL (25 oz.) bottle = 5

80-proof SPIRITS (hard liquor)

1.5 oz.



~40% alcohol

a mixed drink = 1 or more*
a pint (16 oz.) = 11
a fifth (25 oz.) = 17
1.75 L (59 oz.) = 39

*Note: Depending on factors such as the type of spirits and the recipe, one mixed drink can contain from one to three or more standard drinks.



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**Authorization for Release and/or Exchange of Protected
Health Information**

I, _____ hereby authorize Mindfulness LLC to disclose the records
identified below to:

WV Dept of Health and Human Resources/WV Bureau of Behavioral Health and Health Facilities
Name of Individual, Hospital, or Agency

304-558-3913

Contact Information for individual, hospital, or agency

For the purposes of Treatment Reporting, Payment, Completion/Non-Completion

The specific records/reports to be disclosed shall include: (Client initial each "X")

X___ Progress Notes X___ Assessment & Diagnosis X___ Legal Records

X___ Consultations X___ Treatments/Aftercare X___ Finances

X___ Labs X___ Admission/Discharge Summaries

I understand that I may revoke this authorization at any time except to the extent that action has been taken in reliance on it. Unless I revoke my consent earlier, this consent will expire automatically as follows: One Year After Completion of Program

I understand that my substance use disorder records are protected under federal law, including the federal regulations governing the 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. Parts 160 and 164, and cannot be disclosed without my written consent unless otherwise provided for by the regulations.

I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by State Law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

X _____
Signature of Client Date

X _____
Signature of Mindfulness LLC Staff Date

I revoke this Authorization effective on this date _____

Client Signature

Mindfulness LLC Staff Signature



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**Authorization for Release and/or Exchange of Protected
Health Information**

I, _____ hereby authorize Mindfulness LLC to disclose the records
identified below to:

West Virginia Department of Motor Vehicles

Name of Dept or Entity

Contact Information for individual, hospital, or agency

For the purposes of Treatment Reporting, Payment, Completion/Non-Completion

The specific records/reports to be disclosed shall include: (Client initial each "X")

X___Progress Notes X___Assessment & Diagnosis X___Legal Records

X___Consultations X___Treatments/Aftercare X___Finances

X___Labs X___Admission/Discharge Summaries

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I understand that I may be denied services if I refuse to consent to disclosure for purposes of treatment, payment, or healthcare operations, if permitted by State Law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

X _____
Signature of Client Date

X _____
Signature of Mindfulness LLC Staff Date

I revoke this Authorization effective on this date _____

Client Signature

Mindfulness LLC Staff Signature