

REPORT OF ADDICTION EVALUATION

North Dakota Department of Transportation, Driver License
SFN 9585 (1-2024)

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

CONFIDENTIAL
For Department of Transportation
Use Only

The Addiction/Education Program is to submit this completed form within 5 working days following client evaluation.

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.

THIS EVALUATION IS ONLY VALID FOR SIX (6) MONTHS

The undersigned addiction counselor evaluated the above-named patient/driver on _____

reporting to the Department of Transportation director under Section 39-06.1-10 (4) NDCC, and from that evaluation determined the following type of treatment/education program prescribed was:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> 16-Hour DUI Seminar* | <input type="checkbox"/> Low Intensity Residential* | <input type="checkbox"/> 12-Hour DUI Seminar | <input type="checkbox"/> Low Intensity Outpatient |
| <input type="checkbox"/> Outpatient Services* | <input type="checkbox"/> High Intensity Residential* | <input type="checkbox"/> 20-Hour DUI Seminar | <input type="checkbox"/> Drug Court |
| <input type="checkbox"/> Intensive Outpatient* | <input type="checkbox"/> Other*: _____ | <input type="checkbox"/> Inpatient | <input type="checkbox"/> Victim Impact Panel (VIP) |
| <input type="checkbox"/> Day Treatment/PHP* | | <input type="checkbox"/> Long Term Residential | <input type="checkbox"/> None |

*Approved Programs for North Dakota Providers

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 regulations (42 CFR Part 2). The Federal Regulations 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 Regulations restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

Patient/Driver Signature	Date
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The driver is to take a copy to an addiction treatment/education program when enrolling for the treatment prescribed. You are required to attend this treatment as a condition for the return of your driver license under North Dakota Century Code 39-06.1-10 (4).

Treatment / Education Program Definitions

"16-hour DUI Seminar" means an alcohol and drug risk reduction education program for individuals convicted of driving under the influence, actual physical control, or at risk of substance use disorder. The program must follow the department of Health and Human Services approved curriculum's sequence, schedule, format, process, and content. American Society of Addiction Medicine (ASAM) Level 0.5

"Outpatient Services" means an organized professionally directed aftercare, individual, and other addiction services offered to individuals fewer than nine contact hours per week. ASAM Level 1

"Intensive Outpatient" means a substance abuse disorder treatment program offered no less than eight hours and no more than nineteen hours of programming per week in a structured environment. ASAM Level 2.1

"Day Treatment / PHP" means a substance use disorder treatment program that uses multidisciplinary staff and is provided for individuals no less than twenty hours of programming per week in structured program, and no less than four days per week. ASAM Level 2.5

"Low Intensity Residential" means a residential substance use disorder treatment program that provides awake staff twenty-four hours per day, a minimum of five hours a week of professionally directed treatment in addition to other treatment services offered to individuals such as partial hospitalization or intensive outpatient treatment. ASAM Level 3.1

"High Intensity Residential" means a residential substance use disorder treatment program that offers onsite, twenty-four hour per day clinical staffing, specialized professional consultation, and daily clinical services no less than seven days per week. ASAM Level 3.5