



SCREENING CONSENT and PROCESS:

I acknowledge I understand the DUI screening process as outlined below:

I am responsible for the following:

1. Ensuring my DUI screening is scheduled and completed within 30 days of the court order unless otherwise specified by the courts.
2. **Providing Arizona DUI Services with verification of my identity through a copy of an identification card with photo.**
3. Signing and agreeing to a release of information form indicating I authorize communication and reporting between **Arizona DUI Services, PLLC**, and referring court/probation officer.
4. Paying the cost for this screening service which is **\$75**; before my screening begins.

I understand the following will occur upon completion of my DUI screening:

The following information will be reported to the referring court within seven business days after completion of the DUI screening:

- a. The date the DUI screening was completed
- b. The results of the DUI screening
- c. Based on information obtained in the DUI screening the therapist will classify me as either a level one DUI client or a level two DUI client.
- d. Recommendations for DUI education or DUI treatment based on the DUI screening results and LISAC/BHP recommendation.
- e. The name of the DUI service provider I select to provide the DUI education and/or DUI treatment to the client. I will be given 3 different DUI service providers from which to choose.

Once I have selected a DUI educational or DUI treatment provider, I will need to complete the following:

1. Schedule an appointment or enroll in DUI education or DUI treatment, as applicable, within seven days after the date of the completion of the DUI screening.
2. Notify the DUI screening provider of the name of the DUI education or DUI treatment provider that I have selected.

I understand that tele-DUI services involves the use of electronic information and communication technologies by **Arizona DUI Services** to deliver Tele-DUI services to an individual when he/she is located at a different site than the provider; and hereby consent to receiving DUI services to me through a secure video conferencing platform.

I understand that the laws that protect privacy and the confidentiality of my medical information also apply to tele-DUI services.

I understand that there are potential risks involving technology, including but not limited to: Internet interruptions, and technical difficulties. I understand that technical difficulties with hardware, software, and internet connection may result in service interruption and that the health care provider is not responsible for any technical problems and does not guarantee that services will be available or work as expected.