Kate Brown, Governor



500 Summer Street NE, E-86 Salem, OR 97301-1118

> Voice: 503-945-5763 Fax: 503-378-8467

> > TTY: 711

## Memorandum

To:

**DUII Services Providers** 

Alcohol and Other Drug Screening Specialists (ADSS)

CC:

Circuit, Justice, and Municipal Court Presiding Judges

From:

Marisha Elkins, DUII Coordinator

Date:

April 8, 2019

Subject:

**DUII Reporting Form** 

The Oregon Health Authority Health Systems Division is implementing a standardized report form for DUII Services Providers to use when reporting to the Alcohol & Other Drug Screening Specialist (ADSS) as required in OAR 309-019-0195(15)(b). DUII Services Providers are encouraged to begin using the form as soon as possible but must implement its use no later than **May 15, 2019**.

A copy of the form is enclosed with this memo and is also available for download at: <a href="https://apps.state.or.us/cf1/DHSforms/Forms/Served/le8053.pdf">https://apps.state.or.us/cf1/DHSforms/Forms/Served/le8053.pdf</a>.

If you have any other questions or would like additional information, please contact:

Marisha L. Elkins DUII Coordinator

Phone: (503) 949-5822

Email: Marisha.L.Elkins@dhsoha.state.or.us

Encl.

## HEALTH SYSTEMS DIVISION Behavioral Health Programs



## Driving under the influence of intoxicants (DUII) Referral Status Update

To:	ADSS Name:		
	Phone:	Fax:	
From:	DUII Services Provider: Phone:	Fax:	
Date:			
Client infor	mation:		
Name:			
Date of birth:		Oregon driver license number:	
Referral sta	itus:		
Has not enrolled in services.			
An ass	sessment appointment is scheduled	d for:	
Currer	ntly enrolled in DUII Education.		
Currer	ntly enrolled in DUII Rehabilitation.		
Discha	arged without successfully completi	ng services on:	
Successfully completed services on:			
Signature			
Signature of person completing form		Date	
Printed name of person completing form		Title	
Phone number		Email address	

## NOTICE PROHIBITING RE-DISCLOSURE OF SUBSTANCE USE DISORDER INFORMATION:

This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). The federal rules prohibit you from making any further disclosure of information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is NOT sufficient for this purpose (see §2.31).

The federal rules restrict any use of information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.