

违规驾驶员恢复计划 机密信息披露

2024年3月

本人 _____，出生日期 ____/____/____，授权：

- 违规驾驶员恢复计划（IDRP）、
- 佛蒙特州机动车辆管理局（DMV）、
- 相应的佛蒙特州地区法院或高等法院、
- 佛蒙特州管教员（包括缓刑与假释部（如适用））、
- 法庭转送和/或青少年酒精安全计划（如适用）

相互交流和披露有关我的 IDRP 注册、状态和 IDRP 教育/治疗计划完成情况的的信息。所披露的信息量将是满足该目的所需的最少量。这些信息可能包括物质滥用治疗信息，披露目的是确定：

- 是否已完成恢复我的驾驶资格的要求，和/或
- 是否符合缓刑/假释条件，和/或
- 其他： _____

请选择 IDRP 可能向其披露或分享有关您的 IDRP 进展信息的任何其他组织或人员。这可能包括配偶、家庭成员、律师、顾问或其他州的车管局（DMV）。未经书面授权，IDRP 不会与任何人讨论您的 IDRP 注册/完成情况，也不会将完成证明发送到其他州。

- 配偶/家庭成员/朋友（必须列出姓名）： _____
- 律师（必须列出姓名）： _____
- 顾问/治疗提供者： _____
- 其他人员： _____
- 佛蒙特州以外的机动车辆管理局（DMV）：
州： _____
地址： _____
传真/电子邮件： _____

我授权 IDRP 通过电子邮件与我联系，并理解这些通信不能保证安全或保密。

电子邮件地址： _____

我签署本同意书，即表示我明白：我的酗酒和/或戒毒治疗记录受《物质滥用障碍患者记录保密条例》、42 C.F.R. 第 2 部分、1996 年《健康保险可携性和责任法案》（“HIPAA”）、45 C.F.R. 第 160 和 164 部分联邦法规的保护，除非条例另有规定，否则，未经我的书面同意不得披露。IDRP 将保护我的信息，但根据本同意书披露的信息有可能被接收方重新披露。我可以随时联系 IDRP 撤销本同意书，但已依照本同意书实施的披露除外。如未提前撤销，本同意书将在我解除缓刑/假释和/或恢复驾驶资格时自动失效。参加 IDRP 并不要求我签署本同意书；但如果我不签署本同意书，IDRP 将无法与 DMV 或任何其他方共享计划完成信息。

参与者签名： _____

日期： _____

Simplified Chinese

Impaired Driver Rehabilitation Program

Release of Confidential Information

March 2024

I, _____, with date of birth ____ / ____ / ____, authorize:

- The Impaired Driver Rehabilitation Program (IDRP),
- The Vermont Department of Motor Vehicles (DMV),
- Applicable Vermont District or Superior Court(s),
- The Vermont Department of Corrections, including Probation & Parole (if applicable),
- Court Diversion and/or Teen Alcohol Safety Program (if applicable)

to communicate with and disclose to one another information about the facts of my IDRP enrollment, status, and completion of the IDRP education/treatment program. The amount of information disclosed will be the minimum amount necessary to satisfy the purpose. This information may include substance use treatment information for the purpose of determining:

- Completion of requirements for the reinstatement of my driving privileges, and/or
- Compliance with the conditions of my probation/parole, and/or
- Other: _____

Please select any additional organizations or people to which IDRP may disclose or share information about your IDRP progress. This might include a spouse, family member, attorney, counselor, or another State's DMV. IDRP will not discuss your IDRP enrollment/completion with anyone or send proof of completion to another State without written authorization.

- Spouse/Family Member/Friend (must list name(s)): _____
- Attorney (must list name): _____
- Counselor/Treatment Provider: _____
- Other person(s): _____
- Department(s) of Motor Vehicles outside Vermont:
State: _____
Address: _____
Fax/Email: _____

- I authorize the IDRP to communicate with me via email and understand that these communications cannot be guaranteed as secure or confidential.

Email address: _____

By signing this form, I understand: my alcohol and/or drug treatment records are protected under the federal regulations governing 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. Pts. 160 & 164 and cannot be disclosed without my written consent unless otherwise allowed by the regulations. IDRP will protect my information but there is the potential for information disclosed pursuant to this consent to be redisclosed by the recipient. I may revoke this consent at any time by contacting IDRP except to the extent it was already relied on. If not sooner revoked this consent expires automatically upon my release from probation/parole and/or upon reinstatement of my driving privileges. I am not required to sign this form to participate in IDRP but if I do not sign this form IDRP cannot share program completion information with DMV or any other party.

Participant Signature: _____ Date: _____

English