

Umugambi wo Kugorora Abashoferi Badafise Ubushobozi Bukwiye Gushira Ahabona Amakuru y' Ibanga

Ntwarante 2024

Jewe, _____, navutse itariki ____ / ____ / ____, ntanze uruhusha ku:

- Umugambi wo Kugorora Abashoferi Badafise Ubushobozi Bukwiye (IDRP),
- Ikigo Kijejwe Imiduga y'Imoteri muri Vermont (DMV),
- Sentare y'Ikirenga canke y'Akarere Bihuriranye yo muri Vermont,
- Ikigo co muri Vermont Kijejwe Kugorora, harimwo Guhana & Gutanga Ikigongwe (mu gihe bibaye ngombwa),
- Gukurwa muri Sentare hamwe/canke Umugambi wo Kwirinda Inzoga ku Rwaruka (mu gihe bibaye ngombwa)

rwo kuvugana hagati yabo ku makuru kandi yongere ahabwe abandi ku vyerekeye iyinjira ryanje muri IDRP, uko mpagaze, hamwe no guheza inyigisho/n'ubuvuzi bwa IDRP. amakuru azotangwa azoba ari amakuru make cane ashoboka kugira hashikwe kw'ihangiro gusa. Aya makuru ashobora kuba avuga ku kuvurwa kubera ikoresha ry'ibiyuramutwe mu rwego rwo kumenya:

- Ko nujuje ibisabwa kugira impusha zanje zo gutwara zisubire zirekurwe, kandi/canke
- Ko nubahirije ibisabwa n'igihano nahawe/imbabazi nahawe, kandi/canke
- Ibindi: _____

Turasavye uhitamo ayandi mashirahamwe canke abantu IDRP yemerewe guha canke gusangira nabo amakuru ku vyerekeye intambwe uriko uratera mu mugambi wa IDRP. Aha ushobora kuvuga umutambukanyi, incuti, umuburanizi, umuhanuzi, canke ibiro vya DMV vyo mu yindi Reta. Muri IDRP ntizovugana ivyerekeye kwinjira/guheza inyigisho za IDRP n'uwundi muntu uwo ari we wese canke ngo turungikire iyindi Reta icemeza ko wahejeje ata ruhusha rwanditse tubiherewe:

- Umutambukanyi/Incuti/Umugenzi (usabwa kwandika amazina): _____
- Umuburanizi (usabwa kwandika izina): _____
- Umuhanuzi/Umuvuzi Wawe: _____
- Abandi bantu:
- Ibigo Bijejwe Ingendeshwa z'Imoteri hanze ya Vermont:
Reta: _____
Aderese: _____
Fagisi/Ibaruwa ngurukanabumenyi: _____

- Nemereye IDRP kunyandikira ikoresheje uburyo ngurukanabumenyi bwa e-mail kandi ndatahura y'uko ivyo twandikiranira badashobora kunsezeranya ko bitekaniwe canke bizoguma ari ibanga.

Aderese y'Ibaruwa ngurukanabumenyi: _____

Mu gutera urukumu kuri runo rupapuro, nemeje y'uko ntahura: ivyatowe mu bipimo vyanje vy'urugero rw'inzoga/canke ibiyuramutwe bikingiwe n'amategeko ya reta zunze ubumwe agenga Ibanga ry'Amakuru y'Abarwayi Bafise Ikibazo co Gukoresha Ibiyuramutwe (Confidentiality of Substance Use Disorder Patient Records) , 42 C.F.R. Part 2, hamwe na n'itegeko Risaba Mituwele yo Kwivuzza Kwitwararika no Gukingira ryo mu 1996 (Health Insurance Portability and Accountability Act of 1996 ("HIPAA")), 45 C.F.R. Ingingo. 160 & 164 kandi nta gishobora gushirwa ahabona ntabanje gutanga uruhusha rwanditswe kiretse mu gihe vyoba vyemewe n'amategeko. IDRP izokingira amakuru yanje y'ibanga ariko hariho igihe bibaho ko amakuru yashizwe ahabona hisunzwe runo ruhusha ashobora gusubira gushirwa ahabona ukundi n'uwayahawe. Ndashobora guhagarika runo ruhusha igihe cose nshakiye mu guterefona muri IDRP gushika ku rugero ruzoba rwari rumaze gukoreshwa. Ni rutahagarikwa hakiri kare runo ruhusha ruca ruta agaciro rwonyene ubwarwo mu gihe mvuye mu bihano/mpawe imbabazi kandi/canke uburenganzira bwanje bwo gutwara ingendeshwa bunsibijwe. Si ngombwa gutera umukono kuri runo rupapuro kugira winjire muri IDRP ariko ni ntatera umukono IDRP ntizoshobora kurungika amakuru y'uko nahejeje inyigisho mu kigo ca DMV canke ahandi aho ari ho hose.

Umukono w'Umuntu Biraba: _____ Igenekerezo: _____

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: _____