



<b><u>REFERRING ENTITY INFO:</u></b>			
<input type="checkbox"/> Probation Officer <input type="checkbox"/> Attorney <input type="checkbox"/> Judge Court / Out of state facility			
Name of referral: _____			
PHONE # or FAX # (_____) _____ - _____ or (_____) _____ - _____			
If applicable, referral's mailing address:			
_____			
Street Address	City	State	Zip

**INFORMATION CONCERNING THE ARREST:**

Was your offense a  FELONY - or-  MISDEMEANOR?

What were you charged with that required you to take the DWI Education Class?

<i>YEAR</i>	<i>CHARGE</i>	<i>RESULT</i>



***Consent for the Release of Confidential Information***

I, \_\_\_\_\_ authorize  
*(name of participant)*

BLUEBONNET TRAILS COMMUNITY SERVICES  
*(name of the program)*

to disclose to \_\_\_\_\_  
*(name of person or organization: DPS, Attorney, Probation or Parole Officer, Court)*

INFORMATION REGARDING PARTICIPATION IN THE DWI EDUCATION PROGRAM.  
*(nature of the information)*

I understand that my records are protected under the Federal Confidentiality Regulations 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 except to the extent that action has been taken in reliance on it (e.g., probation, parole, etc.).

If additional consents are required, please let the instructor know so timely completion may occur. If there is a change in the person/organization requesting confidential information, it is your responsibility to contact the instructor to create a new Consent for the Release of Confidential Information.

In typing my signature below, I acknowledge and agree to the above consent requirements.

\_\_\_\_\_  
Name of Participant

\_\_\_\_\_  
Date

### *Supportive Information*

1. Have you ever thought that you might have a drinking problem? Y N Unsure
2. Have you ever received help related to alcohol from any of the following (check all that apply):  
Family Doctor Church Rehab Program Mental health Professional 12 Step  
Family Friend Agency: \_\_\_\_\_  
Other; please explain: \_\_\_\_\_
3. Where do you usually drink?  
Parties or socially Home, alone Home with Family/Friends Restaurants Other
4. Is someone close to you concerned about your drinking? Y N Unsure
5. Do you believe your drinking may be causing you or others problems? Y N Unsure
6. Have you ever awakened the morning after drinking and found you could not remember part of the evening? Y N Unsure
7. Can you stop drinking without a struggle after one or two drinks? Y N Unsure
8. Do you ever feel bad about drinking? Y N Unsure
9. Do you ever have thoughts of wanting to harm yourself or others in the following circumstances:
  - a) When under the influence? Y N Unsure
  - b) When sober? Y N Unsure
  - c) If yes to either a) or b), are you familiar with our crisis hotline at 1-800-841-1255? Y N Unsure
10. Do you ever try to limit your drinking? Y N Unsure
  - a) Are you always able to stop when you want to? Y N Unsure
  - b) When you stop do you experience withdrawal symptoms? Y N Unsure
11. Have you ever lost anyone to drinking? Y N Unsure
12. Have you ever had employment issues due to drinking (losing a job, coming in late, and or leaving early)? Y N Unsure
13. Have you ever spent less time with family or friends due to drinking? Y N Unsure
14. Do you have any medical issues related to drinking? Y N Unsure
15. Have you ever heard things or seen things that others cannot after drinking? Y N Unsure
16. Do you notice that over the course of your drinking you are having to drink more and more to feel “buzzed”? Y N Unsure
17. Do you use any other substances? Y N Unsure
  - a) If yes, please list:  
\_\_\_\_\_



## ***Summary of Participant/Client's Rights***

When accessing services from Bluebonnet Trails Community Services, participants have the right to:

1. Receive age-appropriate services.
2. Be treated with dignity and respect.
3. Be assured protection from the possibility of abuse, neglect, or exploitation.
4. File a complaint with Bluebonnet Trails Community Services or the Texas Department of Licensing and Regulations.
5. Accept or refuse individualized services after being notified of program goals and objectives, rules and regulations, and participant rights.
6. Confidentiality. Generally, staff may not talk or write to a person about the fact that a participant is receiving services or disclose other information about the participant unless one or more of the following conditions are met:
  - a) the participant gives written permission to release the information.
  - b) a court orders that the information be released.
  - c) the participant is experiencing a medical or mental health emergency.
  - d) the participant's file is reviewed by qualified personnel for program evaluation.
7. In addition, federal law does not protect information about a crime committed by a participant/client either at a program or against personnel of a program or about a threat to commit such a crime, suspected child abuse or neglect from being reported under state law to appropriate state or local authorities. Violation of federal confidentiality law is a crime. Suspected violations may be reported to the appropriate authorities in accordance with federal regulations as provided for under 42 CFR Part 2, section 2.12(d)(1) and HIPPA regulations.

## **COMPLAINT PROCEDURES**

During regular business hours, calls may be made to the Center Director/Program Manager or supervisor for immediate attention. If you are dissatisfied with this response, you may contact the Client Rights Officer at (512) 244-8324.

Complaints and/or positive comments may also be emailed to [complaints@bbtrails.org](mailto:complaints@bbtrails.org).

After business hours, weekends and holidays, calls may be made to the following Complaint Line: (512) 244-8324. Calls will be checked within 24 business hours.

Complaints or positive comments may also be sent by mail to the following address:  
Bluebonnet Trails Community Services:

Office of Rights Protection/Complaints  
1009 N. Georgetown Street  
Round Rock, Texas 78664

Complaints may be received verbally (telephone or face-to-face) or in written form to the Client Rights Officer (CRO), depending on the preference of the person making the complaint. The CRO will respond to affirm receipt of the complaint in writing or by telephone, noting the date of receipt of all complaints on an internal tracking excel file. The timeframes and process for complaint resolution will be reviewed at that time for complaints



received through direct communication, or in writing for complaints received in written form and those requesting written confirmation. An opportunity for a face-to-face meeting with the person investigating the complaint will be offered. Complaints will be responded to within 48 business hours of the date received if at all possible. If this is not possible, BTCS will note the reason for the delay in the tracking file. The response to a complaint will initially be given orally the same day of the resolution or, at the latest, the next business day (assuming the person can be reached by telephone). All complaints will be responded to within three (3) business days of the resolution. This correspondence will include information about other avenues whereby the complaint can be addressed if the individual is not satisfied with the resolution.

The CRO will maintain a file of all complaints. The date, name of person calling, county, BTCS program and a brief summary of the nature of the complaint will be logged. Additionally, all complaints will be categorized as substantiated, unsubstantiated, or unable to substantiate.

The resolution of all complaints will be retained on file along with the original complaint (or notations of direct complaints) and the response to the complaint. In the event a complaint is not resolved to the satisfaction of the person submitting the complaint, the person may present their complaint directly to the Executive Director of Bluebonnet Trails Community Services:

Andrea Richardson, at 512-244-8305 or by mail to:  
Andrea Richardson, Executive Director  
Bluebonnet Trails Community Services  
1009 N. Georgetown Street  
Round Rock, Texas 78664

I have received a copy of the Summary of Participants Rights as per Federal Register 42 CFR Part 2, which includes the complaint procedure of Bluebonnet Trails Community Services Council on Alcohol and Drugs, and information on how to contact Texas Department of Licensing and Regulation.

In typing my signature below, I hereby accept participant services of Bluebonnet Trails Community Services Council on Alcohol and Drugs to take the DWI Education Program.

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Name of Participant

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Date



## ***DWI Education Class Policy***

Bluebonnet Trails Community Services is committed to providing a safe, respectful, and comfortable environment for all staff, instructors, visitors, and participants. Authorities may be notified if there is suspected danger or threats made to any individual, instructor, and/or staff member. Any violation of the following policies may result in being removed and dropped from the class and paying a reschedule fee to complete the class.

- At no time is offensive, revealing, or see-through clothing or attire acceptable. This includes exposed undergarments; low cut necklines; short dresses, skirts, or shorts; and shear and/or tight clothing.
- Cameras on for the entirety of the class unless on an approved break.
- Be on time! Late participants will not be admitted.
- Participant must participate fully in class discussion and complete all assignments and turn them in to the instructor.
- No alcohol or other recreational drug use prior or during class.
- All sales are final. Participants must attend all three sessions in the order in which they are presented. If a session is missed, participant will be required to pay a new registration fee of \$90 and will be required to start the next available class from the beginning.
- A participant has not completed the program until they have attended all sessions and received a certificate of completion. Participant must proofread their certificate of completion and alert the instructor to any discrepancies at the time of receipt. A \$20 fee will be charged to issue another certificate. Duplicate certificates are available up to ten years from date of completion for a fee of \$20. Processing time may take five business days.
- Should a participant need to reschedule, one week's notice is required to reschedule without cost for the next available class. If one week's notice is not provided, regardless of reason, participant will have to pay a \$90 fee to re-register.
- Refund requests must be submitted in writing one week prior to class start date. Without one week's notice, any refund is forfeited, and the class can only be rescheduled. Regardless of reason, there is a \$20 NON-REFUNDABLE FEE for refunds.

In typing my signature below, I acknowledge I have read and will abide by the class policy as set forth above.

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Name of Participant

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Date