

BK Professional Counseling Center, LLC

125 East Plaza Drive Suite 118 Mooresville NC 28115 Ph: 704-662-3923, Fax: 704-662-3913

PLEASE DO NOT LEAVE ANY BLANKS. WE NEED ALL INFORMATION REQUESTED ON ALL FORMS. THIS IS EXTREMELY IMPORTANT SO PLEASE TAKE YOUR TIME. IF ITEMS ARE LEFT BLANK NOTHING WILL BE SENT TO YOUR ATTORNEY OR THE COURTS.

Date: _____ SS#: _____

Name: (First) _____ (MI) _____ (Last) _____

Best contact number for you

Home Phone: _____ Cell: _____

Address: _____

City _____ Zip Code _____

Employer: _____ Race: _____

American Indian, Alaska Native, Black or African American, Native Hawaiian or other Pacific Islander, White

Male: _____ Female: _____ Date of Birth: _____ Highest Grade Attended _____

Married: _____ Never Married: _____ Single: _____ Separated: _____ Divorced: _____ Widowed: _____

Significant Other _____

Emergency Contact: (Name): _____ (Phone): _____

Health Insurance: Yes _____ NO _____ Insurance Provider _____

ALLERGIES: _____

Who referred you or how did you choose our agency: _____

Attorney: _____ Probation Officer: _____

Attorney phone number: _____ Attorney Fax Number: _____

DWI CASES ONLY: STAFF WILL COMPLETE UNLESS YOU KNOW THE INFO.

Driver's License # _____ County of Arrest: _____

Arrest Date: _____ Conviction Date: _____

Docket# _____ Breathalyzer Results: _____

OFFICE USE ONLY:

BAC: _____ # Priors _____ DX: _____

ADETS/Prime for Life 16 hr. education
Short-Term 20-39 hours
Long-Term 40-89 hours

Recommendation: _____

Assessor _____ Date _____

Rhonda Lazenby-CSAC/ICADC

BK Professional Counseling Center, LLC

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**Emergency Crisis Plan, Consent,
& Release/Exchange of Confidential Information**

Client Name _____ **DOB** _____

Emergency Crisis Plan

In the event of an emergency, BKPCC LLC will attempt to render 1st Aid, CPR, and other assistance as appears to be necessary and within the scope of competency. Should any staff member determine that medical or emergency needs exceed the competencies or resources available, we will contact 911 emergency services to assist.

Emergency Contact Information

Additionally, we ask that you list any additional emergency contact information with whom we can release/exchange confidential medical and clinical information, as necessary regarding an apparent emergency.

Emergency Contact: _____ Phone: _____

Personal Medical Physician: _____ Phone: _____

Psychiatric or Mental Health Clinician: _____ Phone: _____

With my signature below, I hereby consent to the release/exchange of confidential information between BKPCC LLC and the contacts above. I understand the doctrine of Informed consent, and know my records are protected under Federal Confidentiality Laws, which prohibit disclosure without my written consent. This release is made voluntarily, and is valid until such request is fulfilled, and remains valid until all assessment and treatment services are completed.

I also acknowledge that I may revoke this consent at any time, except to the extent that action based on this consent has been taken.

Client signature: _____ Date: _____

Staff signature: _____ Date: _____
Rhonda Lazenby-CSAC/ICADC

CONFIDENTIAL & PRIVILEGED For Professional Purposes Only Not For Publication-Not To Be Used Against The Patient's Interest Not To Be Released To Another Agency Or Person. Title 42. C.F.A.

Contract with Client for Services**Requirements for reinstatement of your driver's license:**

To have your license reinstated, you must obtain a certificate of completion.

A certificate of completion can be obtained by:

- a) Completing a substance abuse assessment at an authorized NC DWI Services provider and b.) Completing the recommended level of treatment or education at an authorized NC DWI Services provider.

Client Choice:

____ I understand that I have the right to choose to complete my recommended level of treatment or education at **any** authorized NC DWI Services provider. Here is a list of authorized NC DWI Services provider in this area from which I may choose to complete my recommended level of care:

IREDELL COUNTY**DWI Providers**

BK Professional Counseling Center, LLC.
 429 East Center Avenue
 Mooresville, NC 28115
 E-Mail: bkpcc@live.com
www.bk-counseling.com
**ADETS, Short-Term, Long-Term
 Treatment
 Out of State Reviews, DMV
 Evaluations
 Contact: Rhonda Lazenby**

DonLin Counseling Services
 Ph: 704-872-4449
 Fax: 704-872-7612
 525 Brookdale Drive
 Statesville, NC
 E-Mail: Donlincounseling@bellsouth.net
**Assessments, Short and Long-Term
 Treatment
 Contact: Mary Gay Ford**

Behavioral Health Services of Lake Norman
 107 Kilson Drive, Suite 202
 Phone: 704-660-8321
 Fax: 704-660-8323
**ADETS, Short and Long-Term Treatment
 Out of State Reviews
 Contact: Mike Rife
 E-Mail: mcrifes@roadrunner.com**

Professional Counseling Services
 110-M Stockton Street
 Statesville, NC
 Ph: 704-873-6070
 Fax: 704-873-6022
**Assessments and Short and Long-Term
 Treatment
 Contact: Dianne Kimball**

Carolina Counseling & Psychiatric Services
 750-C Hartness Road
 Statesville, NC
 Ph: 704-878-6389
**Assessments
 Contact: Sally Dellinger**

Springs of Hope
 130 Tradd Street
 Statesville, NC
 Ph: 704-881-0129
 Fax: 704-838-1140
**Assessments, Short and Long-Term Treatment
 Contact: Shirley Bowles**

By signing and printing your name, you acknowledge that you have been given an opportunity to receive your treatment at any of the above facilities and have been given a choice of where to receive your services. Also, by signing you are acknowledging that you chose us for your assessment.

 Print Name Signature

 Date

CONTRACT WITH CLIENT FOR SERVICES (CONT.)**STAFF PART: Service Level Recommendation:**

Level _____

Minimum # of hours: _____

Must be completed in a minimum of: _____ days (Duration)

YOUR PART***Assessment Policy:***

_____ I understand that my DWI substance abuse assessment is valid for 6 months. If I have **not** begun the recommended DWI treatment or education within 6 months from the assessment date a new assessment and assessment fee will be required.

Program Requirements and Fees:

Should you choose to complete your recommended level of care at BK Professional Counseling Center, LLC. these are the program requirements and fees:

Consent to treat:

With the understanding that beneficial counseling and educational services requires the cooperation and joint effort of the client as well as the staff, I hereby voluntarily agree to engage in treatment services with Rhonda Lazenby with BK Professional Counseling Services, LLC I consent and agree to the following conditions and freely accept responsibility for my participation in the program as stated below:

I hereby give my permission of the staff to act on my behalf should a medical emergency develop and arrange for my transfer to the facility designed to care for my condition. I also give permission for the staff to provide necessary information about my condition to the facility to which I am referred.

I agree to cooperate with staff in their efforts to assess my situation and how substance use may cause or contribute to problems in my life.

I agree to participate with staff in the formulation of a plan of treatment and consider that plan as a contract for my participation in the program.

I understand that I may deal with difficult emotional issues, which may at times lead to unanticipated emotional stress, as well as emotional improvement. I understand that there are no warranties or guarantees of a particular outcome given or implied.

Treatment Requirements:

While attending treatment, I agree to attend the sessions according to my plan in a responsible manner. This includes arriving on time, free of mind/mood altering substances and prepared to be fully involved in learning experiences and group discussions.

I understand treatment needs to be consistent and will attend group sessions every week until completed. I also agree that if I should be unable to attend due to illness or other legitimate reason, I WILL NOTIFY STAFF as soon as possible and may be required to provide verification. EXCESSIVE ABSENCES WILL RESULT IN NON-COMPLIANCE. If I have to start over and if the assessment has expired, I will need to be re-assessed.

I hereby give permission to the staff to conduct tests of breath or urine without prior announcement to verify my abstinence from drugs or alcohol. The urinalysis is done on a random basis and you may or may not receive one yet, if you do, you will be required to pay \$25.00 per random drug screening conducted.

I agree to the goal of remaining abstinent from alcohol and drugs not prescribed for me by a physician while a client at this facility. I also agree if I am having difficulty remaining abstinent, I will discuss this with staff.

Confidentiality:

Relationships are built on respect, trust and honesty. Conversations with Rhonda Lazenby and her staff will be confidential except in two instances where there is a legal mandate to report. These situations are (1) if you express intent to harm yourself or another person. (2) if a child or elderly person has been abused or neglected. In addition, a court might order Rhonda Lazenby to testify about your treatment. Every effort will be made to inform you regarding any decision pertinent to the confidentiality of the therapeutic relationship. I also understand that confidentiality cannot always be assured in a group setting. Every effort will be made to inform all clients of the need for group confidentiality. If you are on probation, once you have signed a release for your probation officer your attendance and progress will be reported accordingly. No drug test results are disclosed to anyone outside of BKPCC unless you request this.

Requirements for reinstatement of driver's license:

To have a license reinstated, you must obtain a certificate of completion.

A certificate of completion can be obtained by:

completing a substance abuse assessment at an authorized NCDWI Services Provider

AND

completing the recommended level of treatment or education at an authorized NCDWI SERVICES Provider.

IF YOU ARE TAKING YOUR CLASSES PRIOR TO YOUR CONVICTION. YOU MUST CALL WITH YOUR CONVICTION DATE, SO I CAN KEY YOUR E-508 COMPLETION. I CANNOT CLEAR YOUR DRIVER'S LICENSE IN RALEIGH WITHOUT THE CORRECT CONVICTION DATE. ONCE I KEY IN THE INFORMATION, DWI SERVICES IN RALEIGH HAS FIVE OR MORE DAYS TO LOOK IT OVER AND SEND IT ONTO DMV IN RALEIGH. I HAVE TWO WEEKS FROM YOUR DATE OF CONVICTION TO KEY IN THE COMPLETION OF YOUR TREATMENT INTO THE E-508 SYSTEM. THIS MUST BE DONE IN ORDER FOR ME TO CLEAR YOUR DRIVER'S LICENSE.

Financial Arrangements:

Fees: DWI/Substance Abuse Assessments as set by the state of North Carolina is \$100.00. Group Sessions are \$20.00 per hour and individual sessions are \$50.00 per clinical hour. Payments must be made in cash, debit or credit card. We do not accept insurance payments but receipts will be given for all services if you wish to file your insurance. All payments are expected at time of service and no credit can be extended without prior arrangements.

Timeliness of Assessment:

According to the Division of Facility Services of North Carolina, **I understand that the assessment I have today is good for a period of 6 months.** This helps to ensure the inclusion of the individual's current level of functioning, severity of identified problems and provision of appropriate level of care. By my signature, I understand that if I do not begin the treatment process **within 6 months** from the date of the assessment I must participate in, and pay for, a new assessment. No exceptions. This is a rule by DWI Services in Raleigh.

Complaint procedure:

If you are dissatisfied with any aspect of your treatment please discuss this with Rhonda Lazenby. If we cannot resolve the problem please contact NC DWI Services at www.ncdhhs.gov--1-919-733-0566 or **Shenita Billups**-shenita.billups@dhhs.nc.gov or **Donna Brown**-donna.m.brown@dhhs.nc.gov

308 Mail Service Center Raleigh, NC 27699-3008

North Carolina Substance Abuse Professional Practice Board

<http://www.ncsappb.org/>

<http://www.ncsappb.org/wp-content/uploads/2012/11/complaints.pdf>

Katie Gilmore, Associate Executive Director

katie@recanc.com

P.O Box 10126 Raleigh, NC 27605

UDS Conducted by this facility as a part of the DWI Assessment are at **No Cost** to the client. We do not conduct UDS at the time of the assessment unless the client request this as part of their treatment by another provider agency ex:

DSS Certificate of Completion (e508) Processing: Please note that it may take up to 5 business days or longer for your form to be processed and approved, after it is submitted by your Provider.

I certify that I have read and have received a copy of this client contract.

Client's Signature: _____

Date: _____

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION

CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____ authorize:
(Printed name of defendant)

PLEASE INITIAL EACH BLOCK. I HAVE TO HAVE THESE INITIALED TO PULL YOUR DRIVING RECORD FOR DWI CHARGE, PUT THE INFORMATION INTO THE SYSTEM WITH RALEIGH DWI SERVICES, SEND A LETTER TO YOUR ATTORNEY AND ALSO FOR THE ATTORNEY TO GIVE THE ASSESSMENT RECOMMENDATIONS TO THE COURTS. WE DO NOT RELEASE ANY PART OF THE ASSESSMENT. EVERYTHING YOU SAY IS CONFIDENTIAL. WE SEND A FORM LETTER TO THE ATTORNEY ABOUT YOUR ASSESSMENT RECOMMENDATIONS. IF THIS IS A DRUG ASSESSMENT, PLEASE INITIAL THE NAME OF THE COURT, THE ATTORNEY LINE AND THE LINES BELOW.

Name or general designation of program making/seeking disclosure: BK Professional Counseling Center, LLC.
429 East Center Avenue, Mooresville, NC 28115 P: 704-662-3923 F: 704-662-3913

- NC Department of Community Corrections (Officer supervising my case): _____
- NC Division of Motor Vehicles
- NC Division of Mental Health, Developmental Disabilities and Substance Abuse Services
- _____
- _____ (Name of the appropriate court) _____ (Name of the prosecuting District Attorney)
- _____ (Name of the Criminal Defense Attorney) _____ (- Other -)

to communicate with and disclose to one another the following information (nature and amount of the information as limited as possible):

my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, and any monies owed by the client.

The purpose of the disclosure is to inform the person(s) listed above of my attendance and progress in treatment.

I understand that my alcohol and/or drug treatment records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse 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. 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, and that in any event this consent expires automatically as follows:

- There has been a formal and effective termination or revocation of my release from confinement, probation, or parole, or other proceeding under which I was mandated into treatment, or
- ONE YEAR FROM THE DATE OF THE ASSESSMENT/DATE OF SIGNATURE BELOW
Date this release expires

I understand that I might be denied services if I refuse to consent to a disclosure for purposes of treatment, payment, or health care operations, if permitted by state law. I will not be denied services if I refuse to consent to a disclosure for other purposes.

I have been provided a copy of this form: _____ Date: _____
(Signature of Patient)

Rhonda Lazenby-CSAC/ICADC Date: _____

Staff Member witnessing the signature of this form by the client receiving services from BK Professional Counseling Center, LLC.

Your Name: _____ **Date:** _____

Substance Use History: Have you ever used any of the following drugs: Please circle the number that best describes your involvement with each drug listed below CURRENTLY. This is not asking you why you are here. We want to identify what your needs are right now as well as any history you may have had with a particular drug/alcohol.

0 – No Problem 1 – Was a problem, but not in the past year 2 – Current problem

Alcohol – 0 1 2 Cocaine - 0 1 2 Marijuana – 0 1 2 Sedatives - 0 1 2 PCP - 0 1 2

Stimulants (methamphetamines, crank) - 0 1 2 Tobacco - 0 1 2 Club Drugs (Ecstasy, Roofies, Euphoria) – 0 1 2

Inhalants – 0 1 2 Steroids – 0 1 2 Narcotics (Heroin, Oxycontin) – 0 1 2 Other _____ 0 1 2

Why do/did you use the drugs/alcohol you circled above? (Circle all answers that apply) Entertain Clients of customers

Relax or unwind	Forget my problems	Be more Social	Have fun	Be more creative
For the “buzz”	Improve my mood	Feel less anxious	Help me sleep	Relieve physical discomfort
Enjoy taste	Out of “habit”	Go along with crowd	Deal with boredom	Be more outgoing

Have you experienced any of the following problems as a result of your substance use?

Please circle the number that best describes possible problems you have had: Alcohol is a drug.

0 – No Problem 1 – Was a problem, but not in the past year 2 – Current problem

Hangovers	0 1 2	Arrest or tickets	0 1 2
Getting nauseated	0 1 2	This is why you are here probably	0 1 2
Memory blackouts	0 1 2	Drinking with medical complications	0 1 2
Arguments	0 1 2	Martial problems	0 1 2
Acting “inappropriately” and Regretting my behavior	0 1 2	Worry/Anxiety	0 1 2
Driving under the influence This may be why you are here	0 1 2	Low self-esteem	0 1 2
Being late for work	0 1 2	Inpatient substance abuse treatment/detox	0 1 2
Missing work or school	0 1 2	Relationship Problems	0 1 2
Less productive at work or school	0 1 2	Depression	0 1 2
Difficulty controlling how much I use	0 1 2	Guilt/Shame	0 1 2
Neglect commitments or responsibilities	0 1 2	Separation or Divorce	0 1 2
Accidents resulting in injuries to self/others	0 1 2	Lack of motivation	0 1 2
Damage to property including auto accidents	0 1 2	Suicidal thoughts or impulses	0 1 2
Substance abuse education program or Outpatient counseling or treatment. This does not count this charge.	0 1 2	Homicidal thoughts or impulses	0 1 2
		Spending too much money	0 1 2
		Physical symptoms	0 1 2
		Passing Out	0 1 2

Your Name: _____ **Date:** _____

Substance Use History (continued)

Family substance use: Circle the number that best describes issues your biological family had with alcohol or other drugs
0 - No Problem 1 - Was a problem, but not in your past yr. 2 - Current problem

Father - 0 1 2 Mother - 0 1 2 Brother - 0 1 2 Sister - 0 1 2

Paternal Grandfather - 0 1 2 P/Grandmother - 0 1 2 Maternal Grandfather - 0 1 2 M/Grandmother - 0 1 2

Uncle/Aunt - 0 1 2 Step parent - 0 1 2 Step Sibling - 0 1 2

Were you raised in a family where an adult was a heavy alcohol or other drug user? NO YES

If so who? _____ and how do you feel it affected you? _____
Relationship

Counselor Note:

On average, over the last year how many days did you use alcohol or other drugs?

Alcohol: _____ days per (Circle one of the following) WEEK MONTH YEAR

Other drugs _____ days per week (Circle one of the following) WEEK MONTH YEAR name of drug

On the days you use alcohol, how many drinks do you usually have 0 1 2 3 4 5 6 7 8 9 10+
Circle the average number of drinks or range

Have you had prior alcohol related arrest (s)? NO YES If yes, how many? _____

Counselor note: When were arrests _____

Have you had prior drug related arrest(s)? NO YES If yes, how many? _____

Presenting problem: What happened that made you decide to come for this assessment? Briefly describe the event(s), including your legal status, such as: no charges, court pending, convicted, probation.

THIS PART IS RELATED TO DWI CASE ONLY AND THE QUESTIONS APPLY TO THE DWI ARREST. IF YOU WERE NOT CHARGED WITH A DWI, SKIP THIS SECTION PLEASE.

If you were drinking, how much did you have to drink and over what time span? _____ from _____ to _____
drinks time of day

(One drink is equal to 12-oz.. Regular beer; 5-oz glass of 12% wine; or 1.5 oz. of 80 proof liquor/mixed drink).

What did you eat on the day you described above? _____

If you received a DWI, what was your BAC? (breathalyzer reading) _____ What time were you arrested? _____

On a scale of 0 to 10, estimate how drunk or impaired you felt just before the event occurred (before you were stopped by the police). This question is not asking how "tired" or whether you "knew" you were impaired. It is asking how drunk or impaired you felt. Circle the most appropriate number below.

Stone cold sober 0.....1.....2.....3.....4.....5.....6.....7.....8.....9.....10 Passed out drunk

Counselor note: