

**After printing these documents, click on your “Back” button to return to “Start Evaluation.”**

## ABOUT LEGAL DOCUMENTS

1. **Evaluations cannot be completed without a background check of your motor vehicle records.** Please complete the Motor Vehicle Records Release of Confidential Records form. Fill in your name, Social Security or other ID#, date of birth, and the name of your licensing State. If you were arrested in one State but are licensed in another State, you must fill in the names of both States. It is important to remember that you must clear your record in both States.

### **After completing the Motor Vehicle Records Release:**

1. **Make a copy of the document.**
2. **Sign and date the document.**
3. **Fax or mail the form to the address above.**

2. **Evaluations also cannot be completed until our counselors have had a brief telephone conversation with your Collateral Witness.** This witness can be a spouse or domestic partner, a parent or another family member age 21 or older, such as a brother or sister, aunt, uncle, or grandparent. An Employer can also be used.

### **After completing the Collateral Witness Release:**

1. **Make a copy of the document.**
2. **Sign and date the document.**
3. **Fax or mail the form to the address above.**
4. **ASK YOUR COLLATERAL WITNESS TO IMMEDIATELY CALL YOUR COUNSELOR AT THE TOLL-FREE # YOU HAVE BEEN GIVEN BY YOUR COUNSELOR.**

3. **If this evaluation is a Second Opinion, please complete the third Consent to Release Confidential Information for the agency completing your initial evaluation/assessment.** If you have completed a chemical dependency evaluation and you are dissatisfied with it or do not agree with the outcome, you may request a Second Opinion Evaluation from MyDuiGuy.com. In order to do this you must complete the third Consent to Release Confidential Information for the first agency that evaluated you. This Release form must have the complete name and address of the agency and be signed by you. We will request this first report following your MyDuiGuy.com evaluation. Completion of your evaluation will be delayed until we receive this initial evaluation.

*A Fax Cover Sheet has been included for your convenience in returning these two legal documents. If you do not have access to a fax machine, please mail the two forms to Springtime Counseling/MyDuiGuy.com at the address above.*

# FAX COVER SHEET

Springtime Counseling/MyDuiGuy.com  
6515 E. 82<sup>nd</sup> Street, Suite 102  
Indianapolis, Indiana 46250 USA  
Email: admin@MyDuiGuy.com

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**Date:** \_\_\_\_\_

**No. Pages including cover sheet** \_\_\_\_\_

**To:** Springtime Counseling/MyDuiGuy.com

**Fax Number:** 317.841.9805

**I am faxing the following Registration sheets:**

1. Completed and signed Motor Vehicle Records  
Release of Confidential Information.
2. Completed and signed Collateral Witness  
Release Of Confidential Information

**Other Comments:** \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**From:** \_\_\_\_\_

**Phone:** \_\_\_\_\_

**Fax:** \_\_\_\_\_

 **If you do not have access to a fax machine, mail completed forms to:**

Springtime Counseling/MyDuiGuy.com  
6515 E. 82<sup>nd</sup> Street, Suite 102  
Indianapolis, Indiana 46250 USA





Springtime Counseling/MyDuiGuy.com
6515 E. 82nd Street, Suite 102
Indianapolis, Indiana 46250 USA
Email: admin@MyDuiGuy.com

Collateral Witness Consent to Release Confidential Information

Example list of acceptable collateral witnesses: Parent, spouse or domestic partner of one year or more. If not available, brother or sister, aunt or uncle, employer / supervisor.

ORDER ID # \_\_\_\_\_ (This is required. See # at top of payment receipt)

Your First Name M.I. Last Name Date of Birth
Drivers License Number International ID Number
Passport Number Other Voluntary ID Number (i.e: Social Security No.)

I, the undersigned, hereby authorize Springtime Counseling Center/MyDuiGuy.com, address above, to request of and/or release to:

Name of Person: \_\_\_\_\_ Relationship to you: \_\_\_\_\_

Address of this Person: \_\_\_\_\_

Please provide this person's phone number in case they can't reach us on our Toll-Free line: ( ) ( ) ( )
Country City Area Number
Code Code Code

The following information related to:
Alcohol/Drug Evaluation, Diagnosis and Recommendations
Motor Vehicle Records

This information is necessary for:
Diagnosis, Recommendations, and Treatment
Legal Purposes
Information collateral to the Alcohol/Drug Evaluation

This information may be communicated orally, in writing, and electronically and this Release of Confidential Information remains in effect for one (1) year from the signature date. A photocopy, fax or electronically reproduced copy of this Release of Confidential Information shall be as effective as the original.

The client acknowledges by his/her signature that he/she understands that he/she has the right to refuse to sign this Release. The client further acknowledges understanding that this Release of Confidential Information remains in effect until the above time limit unless specifically revoked by written notice to: MyDuiGuy.com or Springtime Counseling Center at the address above.

Signature of Client Date Parent, Guardian or Representative, if required Date

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 this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains 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. The Federal rules restrict any use of the information to criminally investigate or prosecute any alcohol or drug abuse patient.

