

ABC Service Provider **Professional Disclosure Form**

We are delighted to have you as a client. The following information will help you get the most out of our work together, and will clarify our roles as your recovery support service provider. Please read and sign below.

(PORTIONS IN YELLOW ARE REQUIRED)

Romantic or sexual relationships between service providers and clients, or client relatives, or client significant others, is never appropriate, and may, in some cases, against the law. This includes relationships with past or future clients and their families or significant others.

Violations of this rule should be reported immediately to the HI-ATR administrators, the Hawaii Department of Health (DOH), and may be reported to law enforcement by you or by representatives of ATR or DOH. Violations may be reported in person, by phone, or in writing to the ADAD Administrator, Margaret Tom, 808.692.7507, e-mail Margaret.Tom@doh.hawaii.gov, to Bernie Strand, ATR Project Director, 808.692-7619, e-mail Bernice.strand@doh.hawaii.gov, Dr. JoHanna Mechergui, Service Developer, 808-692-7512, e-mail JoHanna.Mechergui@doh.hawaii.gov, or Allan Sagayaga, Quality Assurance Monitor, 808.692-7537, e-mail Allan.Sagayaga@doh.hawaii.gov, Mike Palma, Accountant, 808-692-7230, e-mail Mike.Palma@doh.hawaii.gov or to any of these individuals at: 601 Kamokila Blvd., Room 360, Kapolei, HI 96707.

You are entitled to a copy of this and any form or part of your record. We urge you to use care if you request copies of your confidential records, as we are unable to guarantee the privacy of the information it contains when it leaves in your hand.

We provide the following recovery support services at our agency:

- List
- List

Our qualifications to provide these services include:

- List Training
- List Certification
- List Relevant Field Experience

We are / are not (say which) considered a faith-based service provider and my religious affiliation is (specify).

Physical activities and transportation at our agency involve a risk of injury. By choosing to participate in physical activities or transportation, one voluntarily assumes a certain risk of injury. The following guidelines will help you reduce the risk of injury:

Listen to and follow instructions carefully.

- Don't perform actions that are painful.
- Ask if you are unsure how to perform certain activities.
- Wear your safety belt in vehicles at all times.
- Use sports or safety equipment in the manner intended.
- Follow the rules and laws. They are intended to keep you and others safe.
- Notify our staff of any physical limitations or medical concerns. If you are unsure of a condition, please speak with our staff.
- Talk with your doctor if you are not sure whether you are well enough to participate in physical activities.

- 1) Awareness is fundamental to the recovery support services we provide. It is your responsibility as a client to monitor each activity and determine whether it is appropriate for you to participate. Though we are your service provider, you remain primarily responsible for your own progress, safety and well-being.
- 2) We are responsible for providing competent recovery support services. By choosing to work with our agency, you agree to enter a partnership with our agency to move toward health, wellness, and sobriety.
- 3) While recovery is an on-going process that may last many years, your professional association with our agency is a contract for services, and, eventually, you will need to move forward and gain independence in your recovery. Please let us know if we are moving too slowly or too quickly toward that goal.

I have read, understand, and agree to the content of this Professional Disclosure Form.

Client's Name: _____ **Date:** _____

Witness: _____ **Date:** _____