SOP

STANDARD OPERATIONAL PROCEDURE MANUAL
GLOBAL APPRAISAL of INDIVIDUAL NEEDS -
SHORT SCREENER (GAIN-SS): Version 2.0.1
December 2006, Chestnut Health System
REFERRAL
Revised January 2016
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Purpose

The Standard Operational Procedure (SOP) Manual was developed to provide clear and precise instructions for administering the Global Appraisal of Individual Needs - Short Screener, published by Chestnut Institute, December 2006 (GAIN-SS), Chain of Custody, and referral protocol for use of the GAIN-SS. This screening tool is designed to identify mental health, substance abuse, and co-occurring disorders in adolescents. The shared goal of the “Breaking Barriers, Building Dreams” initiative and Project OASIS is to improve access to treatment and the quality of care for adolescents and their families in South Carolina.

Required Clinical Forms Maintenance

Each provider must establish and utilize a clinical maintenance system. This system will ensure that records are accessible when needed, but are also maintained and stored with appropriate security measures.

The GAIN-SS tool and client consent forms associated with the GAIN-SS must be maintained within a client’s clinical/medical records. Records must be maintained for six years.

Consent for Treatment and Release of Information

All personnel must be familiar with the regulations regarding Confidentiality of Alcohol and Drug Patient Records (42 CFR, Part 2); the Health Insurance Portability and Accountability Act (HIPAA) of 1996; and Public Law 104-19, which govern the privacy and security of patient healthcare information.

All agencies must adhere to their intake admission procedures for providing services to an individual. For youth younger than 16 years, informed consent must be obtained from a child’s parent or legal guardian in order to carry out the screening and to share information, if further assessment is deemed appropriate. For youth ages 16 to 18, informed consent must be obtained by the youth; consent by the parent or legal guardian is optional.

The approved release-of-information form must be completed by each client and/or parent/guardian before information is released to another agency.
Engaging Client and Parent/Guardian

When encouraging youth and their families to complete the GAIN-SS, it is important to stress the significance of this tool. The complete referral process and the “no wrong door” approach to treatment must be explained, as well as the need to share the tool with other agencies as a means of expediting services. It is extremely important to engage the youth and parent/guardian at the beginning of this process to ensure a successful referral to needed services.

Priority Admission

Clients presenting in substance abuse and/or mental health crisis will receive a crisis service coordinated or delivered by the appropriate agency.

Clients presenting as suicidal will receive immediate services.

Administering the GAIN-SS

The GAIN-SS can be administered manually or using a web-based program. If administering the GAIN-SS manually, the completed form must be entered electronically by an agency’s assigned staff member within 72 hours or three working days to ensure electronic access to the data.

If administering the GAIN-SS electronically, the 72-hour rule also applies.

(See appendix for “Behavioral Health Screening Protocol.”)

Scoring the GAIN-SS and Sharing Results

- The GAIN-SS tool will be automatically scored by computer and will provide the appropriate individualized referral options.
- Information on the recommended referrals must then be shared with the client and parent/guardian.
- The recommendation(s) must be discussed in-depth, keeping in mind that the end results must be centered on engaging clients and family members toward a positive outcome. Referrals should be made to the local mental health or substance abuse authority, but parents may be referred to a private physician or counselor if requested.
- Once a client and parent/guardian have agreed on a referral, the agency staff responsible for the case management process must contact the referral source by telephone to set up an appointment. The appointment must be documented on the referral form and e-mailed to the referral source. Appointments must be scheduled no later than 72 hours or three working days from the time of the call. The appointment must then be recorded on the referral form, and all information must be sent to the referral source.
- Follow-up on appointment status must be completed by the referring agency no later than 72 hours or three working days from the appointment date and recorded in the disposition section of the screening tool.

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**Revocation of Consent**

Consent can be revoked at any time. If an agency is given permission to view a screening tool for which permission to view was previously revoked, the following steps must be taken:

- The client and parent/guardian must sign another release form allowing access to their information.
- The signed release form must be faxed to the initial referring agency requesting that it release the file electronically. The signed release form must be maintained as part of the clinical/medical record.
- The agency that completed the initial screening will be given the authority to release the revocation. The file can then be accessed by the requesting agency.
HOW TO COMPLETE THE GAIN-SS PROCESS

Complete the GAIN-SS Tutorial Training at :http://nowrongdoor.demos.state.sc.us. This link is used to access the training and all required documents. Please copy and paste the address into your browser: http://nowrongdoor.demos.state.sc.us. Once you reach the site’s log-on screen, the user name and password appear at the top of the page.

After you have logged onto the demo site, the training link and documents can be found under the “Documentation” tab. You will need the most current version of Adobe Flash Player to view the video.

Once you have completed the training, fill out the access/request form and fax it to number included on this site to receive your password.

1. Complete GAIN Tutorial Training
2. Complete the Access Request Form and have your supervisor sign it.
   a. Please fill out the ENTIRE form legibly, and you must have the following:
      i. Your own e-mail address (not an e-mail that is shared by you and others)
      ii. “Should this person receive all referral e-mail notifications for this location?” Only circle “yes” if you are employed by DAODAS, DMH or PHC and are designated to receive referrals from another agency.
3. E-mail your Access Request Form to Lauri Hammond of DMH: (Lauri.Hammond@scdmh.org) or Lachelle Frederick (lfrederick@daodas.sc.gov) or Susie Williams-Manning (swilliamsmanning@daodas.sc.gov) of DAODAS or fax it to Ms. Williams-Manning at 803-896-5557.
4. Access forms will be processed by the SC Revenue and Fiscal Affairs Office | Health Demographics (RFA).
5. Encrypted passwords will be sent to DAODAS and they will contact the person that requested the password or supervisor who signed access request form at the agency.
1. **The passwords will be sent as encrypted spreadsheets from RFA to the DAODAS designee.** The DAODAS designee will then contact each recipient to arrange receipt of their password. Should staff forget their password, or if their password becomes inactive please contact the assigned DAODAS personnel at 803-896-5981. DAODAS will have a copy of the original master list.

2. In accordance with the HIPPA Security Rule 164.308 (a)(4) and the HIPPA Privacy Rule 164.508, it is imperative that passwords are safeguarded to ensure appropriate protection of Electronic Protected Health Information (EPHI). Each person is responsible for ensuring that their password is secure. This includes refraining from sharing/utilizing each other’s passwords. Please use your agency’s protocol for securing staff member’s passwords and identities.

3. If a staff member leaves an agency, it is the responsibility of the agency’s representative/supervisor to notify ORS, or DAODAS of the employee’s departure. Please e-mail RFA at (NoWrongDoor@rfa.sc.gov) or Ms. Susie Williams-Manning at swilliamsmanning@daodos.sc.gov or Ms. Hammond at Lauri.Hammond@scdmh.org when a staff member leaves. This should be done so that his/her access to the site can be terminated to prevent unauthorized access.

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1 The HIPAA Privacy Rule: Standards for Privacy of Individually Identifiable Health Information, December 28, 2000, 65 FR 82462, as amended August 14, 2002, 67 FR53182

Revised January 2016
## No Wrong Door Screening Tool Access Request Form

(Please print or type clearly)

<table>
<thead>
<tr>
<th>Name (Last, First, MI):</th>
<th></th>
</tr>
</thead>
<tbody>
<tr>
<td>Agency (DMH, DAODAS, DJJ, DSS, or COC):</td>
<td></td>
</tr>
<tr>
<td>Organization Name:</td>
<td></td>
</tr>
<tr>
<td>Organization’s County: (fill out separate form for each county)</td>
<td></td>
</tr>
<tr>
<td>Organization’s Address (Street):</td>
<td></td>
</tr>
<tr>
<td>Address (City, State, Zip):</td>
<td></td>
</tr>
<tr>
<td>Email Address:</td>
<td></td>
</tr>
<tr>
<td>Telephone:</td>
<td></td>
</tr>
<tr>
<td>Supervisor:</td>
<td></td>
</tr>
<tr>
<td>Supervisor’s Telephone:</td>
<td></td>
</tr>
<tr>
<td>Date of Birth:</td>
<td></td>
</tr>
<tr>
<td>City where you were born:</td>
<td></td>
</tr>
<tr>
<td>Do you have access to the No Wrong Door site in another County:</td>
<td></td>
</tr>
<tr>
<td>If yes, what county(s)?</td>
<td></td>
</tr>
<tr>
<td>Should this person receive all referral email notifications for this location? (MH / AOD Only)</td>
<td>YES</td>
</tr>
<tr>
<td>Request for new staff passwords</td>
<td></td>
</tr>
<tr>
<td>Have you received the GAIN/ Confidentiality Training?</td>
<td>YES</td>
</tr>
<tr>
<td>If yes, what date was the training completed?</td>
<td>Date ____</td>
</tr>
<tr>
<td>Confidentiality Training Completed</td>
<td>Supervisor’s Signature</td>
</tr>
</tbody>
</table>

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**Supervisor Signature**

**Date**

**Supervisor Printed Name**

### DISCLAIMER FOR SUPERVISOR.

RFA Use Only

Username: 

Date Request Approved: 

Date username and password sent to

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SC Revenue and Fiscal Affairs Office | Health and Demographics

September 24, 2015

Revised January 2016
WEB-BASED DATA ENTRY INSTRUCTIONS

A. Initial Contact

1. Begin filling out the electronic Screening Application by going to the following web site:
   https://nowrongdoor.state.sc.us/login

2. Before you can enter any data, a log-in screen will appear. Log in using your assigned username and password.

3. Upon successful login, the Search Clients screen will appear. Before you can initiate any data collection, you MUST complete the Authorization Form for Joint Release of Information – Client Consent with the client.

4. If the client signs the form, you may begin the data collection process. Enter the client’s name (don’t worry about the correct spelling), and click the Search button.

5. The Possible Client Matches screen will come up. Depending on whether the client has been seen before and has allowed your agency type to view their record, you have several scenarios:
a. **A list of names that are matches or are similar to the name/partial name you have entered will appear.** Each of the names listed is a live, clickable link. If you recognize your client, choose the appropriate link and click it. **OR,** if you do not recognize your client and believe that the client should be in the system, you may enter another variation or portion of the name and start another search. **OR,** if you do not recognize your client and believe that the client is not yet in the system, you may click the Add New button in the green task bar.

If you find the client in the list of names, click on the client name and take a moment to review the demographic information with the client. If any changes are necessary, scroll to the bottom of the screen and click the **Edit** button. The **Editing Client** screen will appear. Please pay particular attention to fields in red; these are required fields and must be completed so that you can move on to the next screen. After editing the client’s demographic information, scroll to the bottom of the screen and click the **Update** button.

b. **The message “No clients found” will appear.** Again, if you believe that the client should be in the system, you may re-enter the client’s name in the search box and click the **Search** button again. **OR,** if you believe that the client is not yet in the system, you may click the Add New button in the green task bar.

You will be directed to the Add a New Client screen. Complete the demographic information on that screen with the client. Please pay particular attention to fields in red; these are required fields and must be completed so that you can move on to the next screen.

After entering the client’s demographic information, scroll to the bottom of the screen and click the **Create** button.

**NOTE:** You can always return to this screen and edit the client’s information further. To make changes, scroll to the bottom of the client page and click on **Edit.**
After creating a new client record, you will be directed to a client page displaying the information you just entered. The screen is arranged in two columns: the left column displays the pertinent demographic information for your client in a series of tables, and the right column displays the Healthcare Provider Section (if requested by the client) and the GAIN-SS form section.

B. Health Care Provider Section

At the bottom of the client information screen are two Healthcare Provider questions:

Answering Yes to the second question will result in a referral prompt on the main client page for a healthcare provider.

To make a healthcare provider referral, click the Make Referral button under the Healthcare provider heading on the main client page and fill in appropriate information.

Once the referral is made, a link for the disposition will appear. The provider will complete the disposition by filling in the appointment date and status once the scheduled appointment date has passed.
C. Screening Form

Click on the Add GAIN Form icon.

A screen titled GAIN-Short Screener (GAIN-SS) will appear.

To complete the GAIN-SS form, answer each of the questions with the client by selecting from the pull-down menus:

- Never
- 1+ Years Ago
- 2 to 12 Months Ago
- Past Month
An additional section to screen for Trauma has been added to the bottom of the GAIN-Short Screener. These questions are supplemental and are not part of the official GAIN-Short Screener.

7. **New** Mandatory Questions *

<table>
<thead>
<tr>
<th>Trauma Screening</th>
</tr>
</thead>
<tbody>
<tr>
<td>a. Have you been through any experience that caused you to think that you may get physically hurt or that you may not even live through it?</td>
</tr>
<tr>
<td>b. Have you been through any experience that caused you to feel that you would never be safe or secure again?</td>
</tr>
</tbody>
</table>

* The preceding questions are supplemental and are not a part of the official GAIN Short Screener.

Be sure to click the **Create** button at the bottom of the page after you have entered all the information.

Upon clicking **Create**, a window will pop up confirming you want to proceed. If you are satisfied with your form answers, click **OK** to continue. The page will now display the GAIN-SS form with each of the answers you selected. This page also contains a listing of suggested agency referrals at the top of the page and a link to the form summary report at the bottom. To return to the client information screen, click **Back to Client**.

**D. GAIN-SS Referrals**

After you save the completed Screening Form, you will be sent to the screening results page. At the top of this page, you can make a selection of referrals needed by clicking the **Make Referral** link to the right of the agency/entity name. If the client chose not to allow the suggested agency to view his/her record, the **Referral** link will not appear. In the case that the client is referred to a provider outside of the system, simply check the **Private Referral** box.

If you do not make the requested referrals while viewing the completed form page, you may do so later by clicking the [Agency] **Referral Needed** link on the client’s record.
E. Summary Report

To access the summary report for the client’s GAIN-SS, click the Summary Report link displayed on the Client Show page or at the bottom of the completed form page. This report can be printed from your browser, or you can return to the form or the client page by clicking the appropriate link at the bottom.

F. Assessment Disposition

Once a referral is made, a Disposition Needed link will appear below the referral link. The agency/entity to which the client was referred should complete the disposition with information gathered from the appointment, including the appointment date, status, and (for GAIN-SS referrals) any relevant admission or caseworker details.
Client: CLIENT NAME
Screening administered on DATE by STAFF NAME
The following questions are about common psychological, behavioral or personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can't go on.
After each of the following statements, please tell us the last time you had this problem, if ever, by selecting: in the past month (3), 2 - 12 months ago (2), 1 or more years ago (1), or never (0).

1. IDScr
   When was the last time you had significant problems:
   a. With feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future?
   b. With sleeping, such as bad dreams, sleeping restlessly or falling asleep during the day?
   c. With feeling very anxious, nervous, tense, fearful, scared, panicked or like something bad was going to happen?
   d. When something reminded you of the past and you became very distressed and upset?
   e. With thinking about ending your life or committing suicide?

2. EDScr
   When was the last time you did the following things two or more times?
   a. Lied or conned to get things you wanted or to avoid having to do something?
   b. Had a hard time paying attention at school, work or home?
   c. Had a hard time listening to instructions at school, work or home?
   d. Were a bully or threatened other people?
   e. Started fights with other people?

3. SDScr
   When was the last time:
   a. You used alcohol or drugs weekly?
   b. You spent a lot of time either getting alcohol or drugs, using alcohol or drugs, or feeling the effects of alcohol or drugs (high, sick)?
   c. You kept using alcohol or drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?
   d. Your use of alcohol or drugs caused you to give up, reduce or have problems at important activities at work, school, home or social events?
   e. You had withdrawal problems from alcohol or drugs like shaking hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or drugs to stop being sick or avoid withdrawal problems?

4. CVScr
   When was the last time you:
a. Had a disagreement in which you pushed, grabbed or shoved someone?
b. Took something from a store without paying for it?
c. Sold, distributed or helped to make illegal drugs?
d. Drove a vehicle while under the influence of alcohol or illegal drugs?
e. Purposely damaged or destroyed property that did not belong to you?

5. Other
   a. Do you have other significant psychological, behavioral or personal problems you want treatment for or help with? (if yes, please describe below)? 0 - No 1 – Yes

   b. What is your gender? (if other, please describe below)? 99 - Other 1 - Male 2 – Female

Mandatory Questions *

6. Trauma Screening
   a) Have you been through any experience that caused you to think that you may get physically hurt or that you may not even live through it? 0 - No 1 – Yes

   b) Have you been through any experience that caused you to feel that you would never be safe or secure again? 0 - No 1 – Yes

   c) If you answer yes to question 1 or 2, is this situation current? 0 - No 1 – Yes

   d) If you answer yes to question 1 or 2, would you like to be able to talk with someone in more detail about these experiences that you have been through? 0 - No 1 – Yes

For the new screening tool section, questions 6 c and 6 d could be left blank if the client answered no to both 1 and 2. Otherwise, those questions should have an answer of either Yes or No.

*The preceding questions are supplemental and are not a part of the official GAIN Short Screener.

Once the questionnaire has been completed, the next screen will show the completed screening form with the any of the four trauma section questions that had an answer of ‘YES’ highlighted in red.

For the GAIN-SS Full Report, summary narrative of the screening tool, a section will be added between the ‘Crime/Violence Disorders’ section and the ‘Summary’ section. The Section will be titled ‘Trauma Screening’ and will have the following summary written/
Trauma Screening
On the Trauma Screening, Client Name answered YES to #yes answers out of the 4 screening questions asked.

- Here there will be a list all of the questions that had an answer of yes. Up to four bulleted items could appear. All of those listed will also be highlighted red.

NOTE: The fields that are written in purple will be automatically populated based on information entered in either the client section or on the screener.

GAIN-SS CHECKLIST

☐ Client completes the GAIN Informed Consent. *(Parental/guardian signature required for youth under age 16)*

☐ Counselor administers the GAIN-SS.
  (The GAIN-SS can be administered manually or using a web-based program. If administering the GAIN-SS manually, the completed form must be entered electronically by an agency’s assigned staff member within 72 hours or three working days to ensure electronic access to the data.)

☐ Counselor shares the results and reviews the form.

Revised January 2016
☐ Counselor shares the results of screening information with youth and parent/guardian.
☐ Counselor reviews consent form to ensure that the release has been signed to allow referral to the treatment provider.
☐ Counselor calls treatment provider to set up an appointment and/or emergency assessment within the required 72 hours.
☐ Counselor enters all information electronically.
☐ Counselor sends the GAIN-SS to referral agency, which will include the appointment time.
☐ An e-mail is sent to the referral agency informing them of the appointment.
☐ Counselor prints the GAIN-SS and maintains information in the client’s records.

**Responsibility of Receiving Entity:**

☐ Acknowledge receipt of the referral and screening information.
☐ Obtain informed consent from client and parent/guardian in order to share information.
☐ Complete disposition in the GAIN system as to client status (show, no-show, reschedule, cancelled, etc.).

**NOTE:** The most essential component of this referral process is gaining permission to share screening information with the service provider. It is also essential that the youth and parent/guardian are given the information needed to make an informed choice.
### GAIN-Short Screener (GAIN-SS)
#### Version [GVER]: GAIN-SS 2.0.3

**What is your name?**

<table>
<thead>
<tr>
<th></th>
<th>a</th>
<th>b</th>
<th>c</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>(First name)</td>
<td>(M.I.)</td>
<td>(Last name)</td>
</tr>
</tbody>
</table>

**What is today’s date?** (MM/DD/YYYY) __/__/_____

---

The following questions are about common psychological, behavioral, and personal problems. These problems are considered significant when you have them for two or more weeks, when they keep coming back, when they keep you from meeting your responsibilities, or when they make you feel like you can’t go on.

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, “In the past month” (3), “2-12 months ago” (2), “1 or more years ago” (1), or “Never” (0).

#### IDScre
1. **When was the last time that you had significant problems...**
   - a. with feeling very trapped, lonely, sad, blue, depressed, or hopeless about the future? ......................................................... 3 2 1 0
   - b. with sleep trouble, such as bad dreams, sleeping restlessy, or falling asleep during the day? ......................................................... 3 2 1 0
   - c. with feeling very anxious, nervous, tense, scared, panicked, or like something bad was going to happen? ......................................................... 3 2 1 0
   - d. with becoming very distressed and upset when something reminded you of the past? ......................................................... 3 2 1 0
   - e. with thinking about ending your life or committing suicide? ......................................................... 3 2 1 0

#### EDScre
2. **When was the last time that you did the following things two or more times?**
   - a. Lied or conned to get things you wanted or to avoid having to do something? ......................................................... 3 2 1 0
   - b. Had a hard time paying attention at school, work, or home? ......................................................... 3 2 1 0
   - c. Had a hard time listening to instructions at school, work, or home? ......................................................... 3 2 1 0
   - d. Were a bully or threatened other people? ......................................................... 3 2 1 0
   - e. Started physical fights with other people? ......................................................... 3 2 1 0

#### SDScre
3. **When was the last time that...**
   - a. you used alcohol or other drugs weekly or more often? ......................................................... 3 2 1 0
   - b. you spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or feeling the effects of alcohol or other drugs? ......................................................... 3 2 1 0
   - c. you kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people? ......................................................... 3 2 1 0
   - d. your use of alcohol or other drugs caused you to give up, reduce or have problems at important activities at work, school, home, or social events? ......................................................... 3 2 1 0
   - e. you had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or that you used any alcohol or other drugs to stop being sick or avoid withdrawal problems? ......................................................... 3 2 1 0
### VGN-Cuestionario Breve (VGN-CB)
**Versión [VERV]: VCB 2.0.2**

<table>
<thead>
<tr>
<th>Ítem</th>
<th>Descripción</th>
<th>Último mes</th>
<th>Hace 2-12 meses</th>
<th>1+ Años</th>
<th>Nunca</th>
</tr>
</thead>
<tbody>
<tr>
<td>1. a</td>
<td>Sentirse muy atrapado, sin salida, solo, triste, deprimido o sin esperanza acerca del futuro</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1. b</td>
<td>Problemas para dormir, tales como pesadillas, inquietud al dormir o quedándose dormido durante el día</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1. c</td>
<td>Sentirse muy ansioso, nervioso, tenso, asustado, con pánico o como que alguna cosa mala iba a pasar</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1. d</td>
<td>Cuando algo le recuerda el pasado se angustia mucho y se enoja</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>1. e</td>
<td>Pensar en acabar con su vida o suicidarse</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. a</td>
<td>Mintió o estafó para conseguir lo que quería o para evitar hacer algo</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. b</td>
<td>Se le hizo difícil poner atención en la escuela, trabajo o casa</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. c</td>
<td>Se le hizo difícil escuchar las instrucciones en la escuela, trabajo o casa</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. d</td>
<td>Intimidó o amenazó o buscó peleas con otras personas</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>2. e</td>
<td>Comenzó peleas con otras personas</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. a</td>
<td>Usó alcohol o drogas todas las semanas</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. b</td>
<td>Pasó mucho tiempo tratando de conseguir alcohol o drogas, usando alcohol o drogas o sintiendo los efectos del alcohol o las drogas</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. c</td>
<td>Siguió usando alcohol o drogas sabiendo que le estaban causando problemas sociales, llevándolo a peleas o metiéndolo en problemas con otras personas</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. d</td>
<td>El uso de alcohol o drogas le causó que dejara, disminuyera o tuviera problemas con actividades importantes en el trabajo, escuela, casa o eventos sociales</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
<tr>
<td>3. e</td>
<td>Tuvo problemas de abstinencia por el alcohol o las drogas como las manos temblorosas, vómito, sentirse inquieto o no poder dormir o que usó alguna clase de alcohol o drogas para dejar de sentirse enfermo o para evitar los problemas de abstinencia (MX: mañilla)</td>
<td>3</td>
<td>2</td>
<td>1</td>
<td>0</td>
</tr>
</tbody>
</table>
Al poner mis iniciales, autorizo a las agencias listadas donde recibí tratamiento y cuidado que divulgen mi información:

___ X___ Nombre de la agencia

________ Socio de la agencia

________ Socio de la agencia

________ Socio de la agencia

________ Otro ________________________________

La información que será compartida incluye mi nombre y otra forma de identificación personal, información de clínicas de salud y otra información relacionada con mi tratamiento. Esta información se utilizará para coordinar y evaluar mi tratamiento y mejorar los servicios.

El propósito de compartir información con las agencias es para evaluar las necesidades de mi tratamiento y proveer estos servicios. Esta información también puede utilizarse en los reportes para mejorar los programas de tratamiento, para evaluar los cambios en la póliza de la agencia y para ayudar en la entrega de servicios para personas con problemas similares, para identificar cualquier necesidad que no se está cumpliendo y para ayudar al personal con la administración del programa. Los reportes son confidenciales y ninguna información que me identifique personalmente será entregada. Solamente personal autorizado tendrá acceso a esta información. Por otra parte, nombres o identidades no aparecerán en cualquier informe para distribución pública.

Entiendo que mi información está protegida por ley federal 42 CFR Part 2 (tratamiento de alcohol y drogas) y 45 CFR parte 160 et siguientes (HIPAA) y no puede ser revelada sin mi autorización por escrito, a menos que lo contrario permitida por ley. Entiendo que yo puedo revocar esta autorización en cualquier momento, excepto en la medida en que se han tomado medidas anteriormente. También entiendo que puedo revocar esta autorización en cualquier momento, ya sea oralmente o por escrito. Esta autorización expira cuando ya no voy a participar en los programas de tratamiento con las agencias listadas en la parte de arriba de esta forma o un año a partir de esta fecha o lo que venga primero. He recibido una copia de esta completa autorización.

Firma del cliente (o en su caso, padre o tutor u otro representante personal) fecha

Si está firmado por un representante o tutor personal describa su autoridad para esta persona para el cliente

Revocación de la autorización

Yo acuerdo a revocar (cancelar) mi autorización ________________ fecha ______________________________

Fecha de firma del cliente