

**Driving under the influence of intoxicants (DUI) Referral Status Update**

**To:** ADSS Name:  
Phone: Fax:

**From:** DUII Services Provider:  
Phone: Fax:

**Date:**

**Client information:**

Name:

Date of birth:

Oregon driver license number:

**Referral status:**

- Has not enrolled in services.
- An assessment appointment is scheduled for:
- Currently enrolled in DUII Education.
- Currently enrolled in DUII Rehabilitation.
- Discharged without successfully completing services on:
- Successfully completed services on:

**Signature**

Signature of person completing form

Date

Printed name of person completing form

Title

Phone number

Email address

**NOTICE PROHIBITING RE-DISCLOSURE OF SUBSTANCE USE DISORDER INFORMATION:**

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 information in this record that identifies a patient as having or having had a substance use disorder either directly, by reference to publicly available information, or through verification of such identification by another person unless further disclosure is expressly permitted by the written consent of the individual whose information is being disclosed 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 (see §2.31).

The federal rules restrict any use of information to investigate or prosecute with regard to a crime any patient with a substance use disorder, except as provided at §§2.12(c)(5) and 2.65.