Hope Not Handcuffs
Intake and Authorization Form

PARTICIPANT AUTHORIZATION

I want to participate in Hope Not Handcuffs and I want the Macomb County designated police station, and their agents, representatives and volunteers, to help me get drug and/or alcohol treatment, and, I give permission for them to discuss my personal medical information, mental health information, and drug history as needed to help me get into treatment.

I also agree to be contacted in the future by the Hope Not Handcuffs program to learn about my experience in the program. I understand that the information I provide may be used by the Hope Not Handcuffs program and my name will not be released publicly.

I also agree to allow any and all treatment centers to update the Hope Not Handcuffs program on the status of my treatment and/or any other issues deemed relevant. This is done purely for statistical reasons and will be used for follow up on the program. These updates will be secure and strictly confidential.

Further, I, for myself, my heirs, executors, administrators and assigns do hereby release, waive and discharge Hope Not Handcuffs and all of its officers, directors, employees, agents and volunteers of and from any and all claims.

Further, I expressly agree that this release and waiver Agreement is intended to be construed as broadly and inclusive as permitted by Michigan federal law and that if any portion thereof is held to be invalid, shall remain binding with the full force and effect of law.

I am free to leave and stop my participation in the program at any time without punishment.

_____ Date: _____ _____

Participant Signature Witness (must read above)

PARTICIPANT INFORMATION

Name:			_____Male ____Female
Address:			
City:		State:	Zip Code:
Phone: ( ) -	D.O.B: / /	Age:	SSN:
Photo ID? ____Yes ____ No	ID Type:		ID No.:
Insurance? ____Yes _____No	Carrier:		Ins. No.:
Drug(s) of Choice?			Last Use?
Mental Health Diagnosis?			
Mental Health Provider?			
Emergency Contact Person:		Phone:	

Participant is _____Eligible _____Not Eligible

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