

ABC Service Provider Professional Disclosure Form

I am delighted to have you as a client. The following information will help you get the most out of our work together, and will clarify my role 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, Keith Yamamoto, 808.692.7507, e-mail keith.yamamoto@doh.hawaii.gov, to Bernie Strand, ATR Project Director, 808.692-7619, e-mail Bernice.strand@doh.hawaii.gov, Ian Custino, Service Developer, 808-692-7537, e-mail ian.custino@doh.hawaii.gov, or Pua Coen, Quality Assurance Monitor, 808.692-7512, e-mail pua.coen@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.

I provide the following recovery support services at my agency:

- List
- List

My qualification to provide these services include:

- List Training
- List Certification
- List Relevant Field Experience

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

Physical activities and transportation at my 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 my instructions carefully.

- Don't perform actions that are painful.
- Ask me 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 me of any physical limitations or medical concerns. If you are unsure of a condition, please speak with me.
- 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 I provide. It is your responsibility as a client to monitor each activity and determine whether it is appropriate for you to participate. Though I am your service provider, you remain primarily responsible for your own progress, safety and well-being.
- 2) I am responsible for providing competent recovery support services. By choosing to work with my agency, you agree to enter a partnership with me and my 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 me is a contract for services, and, eventually, you will need to move forward and gain independence in your recovery. Please let me 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:** _____