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Dot -Sap Statement of Understanding
Regarding Return-to-Duty Process (page 1 of 2)

I, _____ (*employee*) acknowledge that Amy E. Brown, MS,CAC, LPC and the service agents and/or entities listed below must disclose to each other and receive from each other pertinent and relevant information regarding:

1. My violation of DOT regulations (prohibited conducts)

2. My drug and/or alcohol results

3. The SAP's synopsis of my treatment plan

4. The SAP's assessment evaluation and treatment plan

5. Diagnostic information, where applicable

6. Treatment progress reports

7. Program completion information, including discharge summary, if applicable

8. Program involvement dates, attendance reports

9. Other relevant information, as it pertains to my return-to-duty process, including the SAP's follow-up assessment and plan

Any or all of this information may be exchanged with:

DER (Designated Employer Representative)
Contact Information:

MRO (Medical Review Officer)
Contact Information:

Treatment/ Education provider (TBD)

Other _____

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The purpose of the exchange of this information is to comply with DOT requirements that must be met before I may take a Return -to -Duty drug and/or alcohol test, prior to being considered by my employer for returning to the performance of safety-sensitive functions under DOT regulations.

I understand that my records are protected under the federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2, and cannot be disclosed to outside parties, including future or past employers, without my written consent unless otherwise required by law, or provided for under the DOT regulations, and as specified below.

I understand that communication between service agents/entities is required under U.S. Department of Transportation rules and regulations, and is permitted without my authorization. I understand that the SAP may request information from my treatment provider without my authorization. Should my treatment provider require me to sign a release of information, I understand that I cannot put restrictions or time limits on the release, and I cannot revoke the release. In addition, the regulations permit the SAP to send required reports to my employer, without my authorization. However, in order for the SAP to provide reports to employers other than my current employer, including future employers, the SAP must obtain my written authorization.

My signature below indicates that I have read and understand this "DOT-SAP Statement of Understanding"

Name (print)_____

Signature_____ Date _____