

CIVILIAN EMPLOYEE CONSENT STATEMENT

For use of this form, see DA PAM 600-85; the proponent agency is DCS, G-1.

PRIVACY ACT STATEMENT

AUTHORITY: 10 USC 7013; Secretary of the Army; 21 USC 1174 to 1175, Transferred; 42 USC 290ee-2; Building communities of recovery; Section 408 public law 92-255, Drug Abuse Office and Treatment Act of 1972; AR 600-85, The Army Substance Abuse Program; DA PAM 600-85, Federal Drug-Free Workplace Procedural Guidance.

PRINCIPAL PURPOSES: Request and enlist the cooperation and assistance of your immediate supervisor in your behalf. Supervisor's involvement in your treatment plan will greatly assist in providing services from the U.S. Army Substance Abuse Program (ASAP). See the [Systems of Records Notice A0600-85f DAPE, ADAPCP Clinical Certification Program Application File](#).

ROUTINE USES: This information may be disclosed as described in the routine uses of the Privacy Act of 1974, 5 U.S.C. 552 a(b)(3), as well as the specific uses listed in SORN A0600-85f, to include, qualified personnel conducting scientific research, management, or financial audits or program evaluations.

DISCLOSURE: Voluntary. However, if you chose not to provide consent, ASAP services will NOT be denied.

NOTE: Prepare this form in the original only and file in the ASAP client case file folder. Reproduction and distribution of this form are prohibited.

SECTION I - JUSTIFICATION

Purpose of this statement is to request and enlist the cooperation and assistance of your immediate supervisor in your behalf. His/her involvement in your treatment plan will greatly assist us in providing U.S. Army Substance Abuse Program (ASAP) services. For this purpose, however, it is necessary to obtain your consent, pursuant to S 1401.21 of the Public Law cited as follows: Section 408, Public Law 92-255, The Drug Abuse Office and Treatment Act of 1972 (21 USC 1175), as amended in 1974 by Section 303, Public Law 93-282.

SECTION II - UNDERSTANDING

I understand that I must give my consent before any involvement or participation by my supervisor can take place concerning my treatment plan. (By "supervisor," it is intended the person who initiates and/or rates all personnel actions concerning myself.) I further understand that my supervisor will only receive information on progress and attendance. No personal information of any kind will be disclosed without my specific consent each time information is either required or given. I also understand that, with or without consent for release of information to my supervisor, ASAP services will be equally available to me.

SECTION III - CIVILIAN EMPLOYEE CONSENT STATEMENT

I _____ authorize:
(Name of Employee)

(a) the ASAP in which I am enrolled; (b) the ASAP Employee Assistance Program Coordinator; (c) my supervisors; and (d) agency officials (personnel officials, equal employment opportunity officials, and attorneys) properly in receipt of information pursuant to this consent form to disclose facts concerning my enrollment, progress, and attendance in the ASAP;

TO (a) my supervisors; and (b) other state and federal government officials (e.g., Department of the Army, Department of Defense, Equal Employment Opportunity Commission, Merit Systems Protection Board) who have an official need to know this information;

FOR (a) supervisor participation in my treatment plan; (b) administration of the Personal Reliability Program (PRP) or a DOD Personnel Security Program (PSP) if I am enrolled in the PRP or a PSP by virtue of my employment position with the Armed Forces; and, (c) administrative processing and consideration of personnel actions, worker's compensation, or unemployment compensation cases and/or equal employment opportunity complaints in which my enrollment, progress, or attendance in the ASAP is an issue.

SIGNATURE OF EMPLOYEE

DATE (YYYYMMDD)

NAME AND TITLE OF WITNESS (Type or print)

SIGNATURE OF WITNESS

DATE (YYYYMMDD)

SECTION IV - WITHDRAWAL OF CONSENT

(Sign below if and when you decide to withdraw your consent)

This consent is subject to revocation at any time except to the extent that the program has already taken action in reliance on it. If not previously revoked, this consent will terminate upon the later event of (a) my successful completion of the ASAP; (b) my disenrollment from the PRP or a DOD PSP, if I am enrolled in such a program by virtue of my employment position with the Armed Forces; or (c) the conclusion, to include all appeals, of any personnel action, worker's compensation cases, or equal employment opportunity complaint in which my enrollment, progress, or attendance in the ASAP is an issue.

SIGNATURE OF EMPLOYEE

DATE (YYYYMMDD)