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MULTIPLE OFFENDER CLINICAL EVALUATION CONTRACT

DUI offenders who get two or more DUI offenses within a five-year period are required, as a condition of license reinstatement, to get a clinical evaluation, and if indicated by the evaluation, complete a substance abuse treatment program. These requirements, effective July 1, 1997, are in addition to all other existing requirements for license reinstatement.

The appropriate process for the Multiple DUI Offender is:

1. Complete Risk Reduction (DUI School) Program.
2. Clinical Evaluation with a Department of Human Resources approved Clinical Evaluator.
3. Treatment if recommended by the results of this evaluation.

Clinical Evaluation Contract:

1. You must complete the DUI Risk Reduction Program before getting the clinical evaluation.
2. Only an approved evaluator from the DHR Registry of Clinical Evaluators can complete your clinical evaluation.
3. If the evaluation results in a treatment recommendation, the clinical evaluator must show you a list of approved providers (DHR Registry of Treatment Providers). Go to website: www.garrp.dhr.state.ga.us. for list - double-check information with provider for listing accuracy.
4. The evaluator cannot tell you to go to a specific treatment provider.
5. The evaluator cannot determine the number of weeks you have to attend treatment.
6. If the evaluator determines there is no need for treatment, the evaluator will submit a case presentation to DHR for review.
7. You are entitled to a second opinion. A third opinion must be approved by DHR.
8. This evaluation is good at the time of the appointment. However, after 60 days from the appointment, this evaluation may be at risk and the Treatment Provider may conduct another evaluation to reassess the recommended level of treatment.
9. A release of information must be signed to give the Clinical Evaluator permission to send my evaluation to either DHR, the treatment provider or any other person of my choice.
10. The fee for a multiple DUI clinical evaluation is _____.
11. The fee will be paid at the time of service.
12. If I have any questions about this evaluation, the Clinical Evaluator may be reached at _____.

I have read and understand the items above contained in this Clinical Evaluation.

I have received a copy of this contract.

I have seen or been given a copy of the DHR Registry of Treatment Providers.

Client Signature

Date

Clinical Evaluator signature

Printed Name

CE#