



Participating Screening and Assessment Agencies

All assessments are scheduled thru 2-1-1 # and referred to:

Counseling and Recovery Center (CRC)

Locations serving Indian River, Martin, Okeechobee and Saint Lucie Counties
772-467-3057

Drug Abuse Treatment Association (DATA)

Locations serving Indian River, Martin, Okeechobee and Saint Lucie Counties
Phone number: 772-595-3322
Location in Palm Beach County
Phone number: 561-844-3556

The Recovery Research Network Foundation (TRRF)

Location in Palm Beach County
Phone number: 561-838-7329
Location in Belle Glade
561-879-1092

Wayside House, Inc.

Location in Palm Beach County
561-278-0055

Drug Abuse Foundation (DAF)

Locations in Palm Beach County
561-278-0000

What should you do if you're a parent with a drug or alcohol problem?

Admitting you have a problem with substance misuse is hard, especially if you are a parent.

Many people are afraid to make this life-long change. Others feel ashamed because of their addiction. These feelings of fear or shame may be stopping you from being a better parent and gaining control over your life.

Facing your problems with alcohol or drugs does not make you guilty of child abuse or neglect, nor does it mean you will lose your children as a result. If you have a history of alcohol or drug misuse, a judge may question your ability to be a good parent and provide your children with a safe and caring environment.

By admitting you have a problem with alcohol or drugs, you and your children can begin the rewarding journey to a better life.

Guide to Screening and Assessment Call Center (SACC) for Parents involved with Child Welfare system

Screening and Assessment 24 Hour Call Center Dial 2-1-1 for resources or information



Sponsored by
www.sefbhn.org

For resources, support or to ask for a no cost Mobile Response Team

Call Center Services provided by 211
<https://211palmbeach.org>



Anyone can call 2-1-1 and request a Mobile Response Team to come wherever you are. A Mobile Response Team may include a Clinician and a Person with Lived Experience who can help guide you to services and supports.

Consent/Release

I, _____, Case#: _____ authorize 2-1-1 to release the information contained in the **telephone risk inventory** to the following provider:

For the following purpose(s):

I understand my alcohol and/or drug treatment records are protected under the federal regulations covering confidentiality of Drug and Alcohol Abuse Patient Records, 42 Code of Regulations (CFR) Part 2 and the Health Insurance Portability and Accountability Act of 1996 (HIPAA) 4 CFR Parts 160 and 164, FL Chapter 397 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. I also understand that I may revoke this consent except to the extent that action has already been taken on reliance of it and that in any event, this authorization automatically expires after one year, unless otherwise stated here:

Date, Event or Condition upon which this consent will expire: _____

Date of Authorization:

Forms in which information is to be released: Oral Written Fax Electronic _____

Signature of Individual to be served: _____ Date: _____

Witness Name: _____ Witness Initials: _____ Date: _____

The agencies listed on this release form are not responsible for third party re-disclosure of the authorized information exchanged per this release.

PROHIBITION OF REDISCLOSURE: This information has been disclosed to you from records whose confidentiality is protected pursuant to 42 CFR part 2, HIPAA regulation 45 CFR, and Florida Statutes 394.4615, Florida Administrative Code 65E5.250, and FL Chapter 397. Any further disclosure is strictly prohibited unless the client provides specific written authorization for the subsequent disclosure of this information. Florida Law requires that any person, agency, or entity receiving information shall maintain such information as confidential and exempt from the provisions of the public record law. We will not re-disclose any protected health information received from other parties, that may be present in your record.

COVERED ENTITIES AS THAT TERM IS DEFINED BY HIPAA: must obtain a signed authorization from the individual or the individual's legally authorized representative to electronically disclose that individual's protected health information. Authorization is not required for disclosures related to treatment, payment, health care operations, performing certain insurance functions, or as may be otherwise authorized by law 45 C.F.R. §§ 164.502(a)(1).

AUTHORIZATIONS FOR SALE OR MARKETING PURPOSES: If this authorization is being made for sale or marketing purposes and the covered entity will receive direct or indirect remuneration from a third party in connection with the use or disclosure of the individual's information for marketing, the authorization must clearly indicate to the individual that such remuneration is involved (45 C.F.R. § 164.508(a) (3), (4). 164.502(a)(1)(i), 164.524.

Appointment Information

Appointment Date: _____

Time: _____

Provider Name: _____

Address: _____

Contact Phone #: _____

DCF Contact Information

Florida Abuse Hotline: **800-96-ABUSE**

ACCESS Florida (Food stamps, Medicaid and Cash Assistance)

Agents available
7am to 6pm Mon-Fri
[850-300-4323](tel:850-300-4323) or
[1-866-762-2237](tel:1-866-762-2237)

Florida Relay 711 or
TTY 1-800-955-8771
FAX: 1-866-886-4342

<http://www.myflorida.com/accessflorida/>

Fax#: