



Client Name: _____ SSN _____

Phone Information: # _____

Date of Referral: _____

I have contacted National Substance Abuse Professionals Network (NSAPN) concerning the screening program, and I choose to proceed with the entire service program. Herein is the agreement I accept from NSAPN for services and of which are managed and administered through NSAPN.

I understand that:

- The screening program may involve up to two phases of service implementation— each phase incurring a separate cost:
 - Phase One includes the face-to-face screening with written documentation indicating whether clinical assistance is recommended or not.
 - Phase Two is only implemented if treatment or education is recommended as a result of the screening evaluation. This phase includes facilitation into appropriate assistance programs, case management of program participation through completion, and face-to-face re-evaluation with written documentation regarding outcomes. I understand that I must submit all treatment/education documentation to NSAPN prior to re-evaluation.
- Payment for each phase is a separate service fee which I am obligated to pay prior to implementation of either phase: the cost of Phase One is \$300.00 and the cost of Phase Two is \$250.00, if needed.
- By paying to NSAPN my Phase One service fee of \$300.00, either by credit/debit card, cashier’s check, or money order, I have selected NSAPN as my provider for both Phase One services and Phase Two services, if recommended.
- If I choose to pay by cashier’s check or money order, I must submit prior to implementation a cashier’s check or money order for the specified phase, stated above. I acknowledge that no ‘personal’ or ‘company’ checks will be accepted by NSAPN in place of a cashier’s check or money order.
- If I choose to pay by credit card, I acknowledge that my credit card will be charged immediately. Further, I agree that no dispute of any type may be made by the cardholder(s) in respect to said charges.
- Service fee(s) paid to NSAPN are non-refundable, regardless of any reason or circumstance (no refunds whatsoever) and whether or not I choose to follow through and complete any part of the entire screening program. Further, I acknowledge that once NSAPN receives my service fee(s), the process has begun, and no refunds for service fees paid will be issued for any reason. Also, I understand that if Phase Two is recommended and if I do not pay for Phase Two, as specified herein, that I have chosen not to complete this service program and NSAPN has no further obligations in this regard.
- As part of the process of initiating case implementation, third-party representative(s)/agent(s), and/or current/past employer(s), may be providing to or verifying for NSAPN personal case/referral information (including, but not limited to, workplace drug/alcohol testing information, employment history, identifying information, such as Social Security number, etc.), and I authorize this transfer and exchange of information and release all parties from any and all damages, claims, and causes of action arising out of, or in connection with this release of information.
- Service fee(s) paid cover only the functions of the screening program for either Phase One or Two. **However, I understand that any service fees paid do not cover the cost of any education and/or treatment, or any clinical testing requirements or anything otherwise which may be recommended for, or expected of me through this screening program.**
- I understand that NSAPN has no responsibility whatsoever to educate me or communicate to me any drug/alcohol testing criteria or information and takes no responsibility for my understanding of such information. I understand further that I take the sole responsibility for outcomes on all past, present and future drug/alcohol testing results; further, I know that participating in the screening program carries or denotes no assurances, claims, warranties or guarantees or expectations now or in the future concerning (a) when I will be tested, (b) the type, policy or criteria of my testing, (c) my testing results and outcomes on any and all drug/alcohol tests I take, and (d) any employer or governing authority decisions pertaining to my employment or actions taken therein.
- Regarding my participation, I understand that I am solely responsible, with no other person or entity accountable, for following through on, for paying as specified, and completing substance abuse recommendations of Phase Two, if recommended, and for providing any and all documentation/verifications directly to governing authorities (i.e. U.S. Coast Guard, employer, etc.). Any delay or postponement initiated by me or my circumstances, whatever the reason, during NSAPN’s program process which has not been approved by NSAPN closes my case after forty-five days— requiring me to begin anew at an additional cost.

Client Signature: _____

Date: _____

SIGNATURE REQUIRED - This Referral Agreement must be signed and returned with a cashier’s check or money order, or prior to paying by credit card.

Remit payment to: National SAP Network
1481 Ford Street, Suite 202
Redlands, CA 92373
1-800-879-6428