



## Intake

This survey includes some personal questions. Please answer as honestly as possible. You may feel uncomfortable answering questions about yourself. You do not have to answer questions you do not want to, and you can stop at any time.

Thank you for completing this survey.

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### General Information

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**Date of Birth:**

**First Name:**

**Last Name:**

**Which of the following best describes your gender?**

- Male
- Female
- Gender Non-Conforming
- Transgender (Male to Female)
- Transgender (Female to Male)
- Prefer not to answer
- Other:

**Are you Hispanic, Latino/a, or of Spanish origin?**

- Yes
- No
- Prefer not to answer

**If YES, what ethnic group do you consider yourself? You may indicate more than one.**

- Central American
- Cuban
- Dominican
- Mexican
- Puerto Rican
- South American
- Prefer not to answer

**What is your race?**

- |                           |                        |
|---------------------------|------------------------|
| Black or African American | Korean                 |
| White                     | Vietnamese             |
| American Indian           | Other Asian            |
| Alaska Native             | Native Hawaiian        |
| Asian Indian              | Guamanian or Chamorro  |
| Chinese                   | Samoan                 |
| Filipino                  | Other Pacific Islander |
| Japanese                  | Prefer not to answer   |

**What best reflects your age today?**

- <18
- 18-24
- 25-34
- 35-44
- 45-54
- 55-64
- 65+
- Prefer not to answer

**Do you speak a language other than English at home?**

- Yes
- No
- Prefer not to answer

**If YES, what is this language?**

- Spanish
- Other:

**Phone Number:**

**Zip Code:**

**Do you have access to a computer to check email, search the internet, or fill out applications?**

- Yes
- No
- Prefer not to answer

**Have you served in the military or armed forces?**

- Yes
- No
- Prefer not to answer

**Do you have health insurance?**

- Yes
- No
- Applied, but still pending
- Prefer not to answer
- Other:

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**Covid 19**

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**Do you currently have any of the following symptoms? Check all that apply:**

- |   |                              |
|---|------------------------------|
| Fever or chills                             | New loss of taste or smell   |
| Cough                                       | Sore throat                  |
| Shortness of breath or difficulty breathing | Congestion or runny nose     |
| Fatigue                                     | Nausea or vomiting           |
| Muscle or body aches                        | Diarrhea                     |
| Headache                                    | I currently have no symptoms |
|   | Prefer not to answer         |

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## Substance Use

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**Are you actively using drugs or alcohol?**

- Yes
- No
- Prefer not to answer

**Which Substances have you used in the past 30 days? Check all that apply:**

- |                 |  |
|-----------------|--|
| Fentanyl        | Hallucinogens                                      |
| Heroin          | Powder Cocaine                                     |
| Crack           | I have not used any substances in the past 30 days |
| Methamphetamine | Prefer not to answer                               |
| Benzodiazepine  | Other:   |
| Alcohol         |  |
| Marijuana       |  |

**Do you think you need treatment to stop using alcohol or drugs?**

- Yes
- No
- Prefer not to answer

**Have you experienced an overdose?**

- Yes
- No
- Prefer not to answer

**If YES, when was your most recent overdose?**

**Are you currently on any medications for opioid use disorders (MOUDs)? (E.g. Suboxone, Methadone, Subutex, Vivitrol, etc.)**

- Yes
- No
- Prefer not to answer

**Are you interested in medications to help you stop using?**

- Yes
- No
- Possibly, but I would like more information
- Prefer not to answer

**Do you want Narcan for yourself or anyone else?**

- Myself
- Someone else
- I do not need Narcan
- Prefer not to answer

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## Recovery Coaching

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**Are you interested in a Recovery Coach?**

- Yes
- No
- Maybe
- Prefer not to answer

**If YES, would you like to meet with your coach or counselor over the internet (Telehealth or Hybrid)?**

Yes

No

I would, but I don't have access to a computer/laptop/or tablet

Prefer not to answer

Other:

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## Assistance

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**Do you currently get any assistance or help? Check all that apply:**

Rental Assistance

Food stamps

Fuel or Electric Assistance

Childcare

Medicaid or Medicare Insurance

Legal Assistance

Transportation

Social Security (SSI or SSID)

I receive no assistance or help at this time

Prefer not to answer

Other:

**What other assistance do you need besides treatment or recovery support? Check all that apply:**

Housing

Transportation

Money to pay bills

Food

Dental

Medical doctor

Driver's License or ID

Birth Certificate

Social Security Card

Medications

Counseling (mental health or other behavioral health services)

Household items (hygiene)

Health Insurance

I don't need other assistance

Prefer not to answer

Other:

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## Housing and Employment

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**In the past 30 days, where have you been living most of the time?**

Shelter (Safe Havens, Transitional Living Center [TLC], Low-Demand Facilities, Reception Centers, Other Temporary Day or Evening Facility)

Street/Outdoors (Sidewalk, Doorway, Park, Public or Abandoned Building)

Institution (Hospital, Nursing Home, Jail/Prison)

Housed

Prefer not to answer

Other:

**If HOUSED, what best describes your situation over the past 30 days?**

Own – Trailer or House

Rent – Apartment, Room, Trailer, or House

Reside at someone else's – Apartment, Room, Trailer, or House (including couch surfing)

Dormitory/College Residence

Halfway House or Transitional Housing

Residential Treatment

Recovery Residence/Sober Living

Prefer not to answer

Other:

**How many people live in your household?**

- 1
- 2
- 3
- 4
- 5 or more
- Prefer not answer

**What is your total household income?**

- \$0 - \$10,000
- \$10,001 - \$15,000
- \$15,001 - \$20,000
- \$20,001 - \$30,000
- \$30,001 - \$40,000
- \$40,001 - \$50,000
- > \$50,001
- Prefer Not to Answer

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**Privacy Statement**

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Reality Check protects your Personal Health Information (PHI). We have privacy and security processes to help. These are some of the ways we protect your PHI: We train our staff to follow our privacy and security processes. We require our business associates to follow privacy and security processes. We keep our offices secure. We talk about your PHI only for a business reason with people who need to know. We keep your PHI secure when we send it or store it electronically. We use technology to keep anyone from illegally accessing your PHI. Permissible Uses and Disclosures of Your PHI.

The following is a list of how we may use or disclose your PHI without your permission or authorization:

**Treatment / Recovery** - We may use or disclose your PHI to a physician or other health care provider to coordinate treatment among providers or assist us in making prior authorization decisions related to benefits.

**Payment** - We may use and disclose PHI to make benefit payments for billable services provided, and disclose PHI to a health plan, a health care provider, or other entity subject to the federal Privacy Rules for payment purposes. Payment activities may include processing claims, determining eligibility or coverage for claims, issuing premium billings, reviewing services for necessity, or performing utilization review of claims.

**Operations** - We may use and disclose your PHI to perform our Recovery Services operations These activities may include providing customer services, responding to complaints and appeals, providing case management and care coordination, conducting review of claims and other quality assessment, and improvement activities In our Recovery operations, we may disclose PHI to business associates with written agreements to protect the privacy of your PHI, or to another entity that is subject to the federal Privacy Rules who has a relationship with you. This includes quality assessment and improvement activities, reviewing the competence or qualifications of Recovery Coaches or members of your care team including case management for comprehensive care coordination, and detecting or preventing healthcare fraud and abuse.

**Group Health Plan/Plan Sponsor Disclosures** – We may disclose your protected health information to a sponsor of the group health plan, such as an employer or other entity that is providing a health care program to you, if the sponsor has agreed to certain restrictions on how it will use or disclose the protected health information (such as agreeing not to use PHI for employment-related actions or decisions).

**Appointment Reminders/Treatment Alternatives** - We may use and disclose your PHI to remind you of an appointment for treatment / recovery services or to provide you with information regarding treatment / recovery alternatives such as information on how to stop smoking or lose.

**As Required by Law** - If federal, state, and/or local law requires a use or disclosure of your PHI, we may use or disclose your PHI to the extent the use or disclosure complies with such law and is limited to its requirements. If two or more laws or regulations governing the same use or disclosure conflict, we will comply with the more restrictive laws or regulations. Public Health.

**Activities** - We may disclose your PHI to a public health authority for the purpose of preventing or controlling disease, injury, or disability, and to the Food and Drug Administration (FDA) to ensure the quality and safety of products or services under the jurisdiction of the FDA. **Victims of Abuse and Neglect** - We may disclose your PHI to a local, state, or federal government authority, including social services authorized by law authorized by law to receive such reports if we have a reasonable belief of abuse, neglect or domestic violence. **Judicial / Administrative**

**Proceedings** - We may disclose your PHI in judicial and administrative proceedings. We may also disclose it in response to an order of a court, administrative tribunal, subpoena or summons, warrant, discovery request, or similar legal request.

**Law Enforcement** - We may disclose your relevant PHI to law enforcement in response to a court order / court-ordered warrant, subpoena / grand jury subpoena, or summons issued by a judicial officer. We may disclose relevant PHI to identify/ locate a suspect, fugitive, material witness, or missing person.

**Coroners, Medical Examiners and Funeral Directors** - We may disclose your PHI to a coroner or medical examiner to determine a cause of death, or to a funeral home to carry out their duties.

**Organ, Eye and Tissue Donation** - may disclose your PHI to organ procurement organizations or to those who work in procurement, banking or transplantation of cadaveric organs / eyes / tissues.

**Threats to Health and Safety** - We may use or disclose your PHI if we believe the use or disclosure is necessary to prevent or lessen a serious/imminent threat to health/safety of a person or the public.

**Specialized Government Functions** - If you are a member of U.S. Armed Forces, we may disclose your PHI as required by military command authorities to authorized federal officials for national security, to intelligence activities, the Department of State for medical suitability determinations, or for protective services of the President or other authorized persons.

**Workers' Compensation** - We may disclose PHI to comply with laws relating to workers' comp or other similar programs, established by law, that provide benefits for work-related injuries or illness without regard to fault.

**Emergency Situations** - We may disclose PHI in an emergency situation, or if you are incapacitated or not present, to a family member, close personal friend, authorized disaster relief agency, or other person identified by you. We will use professional judgment to determine if the disclosure is in your best interest. If the disclosure is, we will only disclose PHI directly relevant to the person's involvement in your care. **Inmates** - If you are an inmate of a correctional institution or under the custody of a law enforcement official, we may release PHI to the correctional institution or law enforcement official where such information is necessary for the institution to provide you with health care; to protect your health/safety or the health/safety of others or safety/security of the institution.

**Research** - We may disclose PHI to researchers when clinical research study has been approved and where certain safeguards are in place to ensure the privacy and protection of your PHI.

**Sale of PHI** - We will request written authorization before making any disclosure deemed a sale of your PHI, meaning that we are receiving compensation for disclosing the PHI in this manner.

**Marketing** - We will request your written authorization to use or disclose your PHI for marketing purposed with limited exceptions, i.e.: face-to-face marketing communications with you or when we provide promotional gifts of nominal value.

**Psychotherapy Notes** - We will request your written authorization to use or disclose any of your psychotherapy notes on file with limited exception, for certain treatment/recovery/payment.

**Individuals Rights** - The following are your rights concerning your PHI. If you would like to use any of the following rights, please contact us using the information at the end of this Notice.

**Right to Revoke an Authorization** - You may revoke your authorization at any time in writing. The revocation will be effective immediately, except to the extent we have already taken actions in reliance of the authorization and before we received your written revocation.

**Right to Request Restrictions** - You have the right to request restrictions on the use and disclosure of your PHI and disclosures to persons involved in your care or payment of care, such as family members or close friends. State restrictions you are requesting and state to whom the restriction applies. We are not required to agree to this

request. If we agree, we will comply with your restriction request unless the information is needed to provide you with emergency treatment. However, we will restrict the use or disclosure of PHI for payment or health care operations to a health plan when you have paid for the service or item out of pocket in full.

**Right to Request Confidential Communications** - You have the right to request that we communicate with you about your PHI by alternative means or to alternative locations. This right only applies if the information could endanger you if it is not communicated by the alternative means or to the alternative location you want. You do not have to explain the reason is for your request, but you must state that the information could endanger you if the communication means or location is not changed. We must accommodate your request if it is reasonable and specifies the alternative means or location where you PHI should be delivered.

**Right to Access and Received Copy of your PHI** - You have the right, with limited exceptions, to look at or get copies of your PHI contained in a designated record set. You may request we provide copies in a format other than photocopies. We will use the format you request unless we cannot do so. You must make a request in writing to obtain access to your PHI. If we deny your request, we will provide you a written explanation with the reasons for the denial can be reviewed and how to ask for such a review or if the denial cannot be reviewed.

**Right to Amend your PHI** - You have the right to request we amend or change your PHI if you believe it contains incorrect information, in writing explaining why the information should be amended. We may deny your request if we did not create the information, you want amended and the creator of the PHI is able to perform the amendment. If we deny your request, we will provide you a written explanation. You may respond with a statement you disagree with our decision, and we will attach your statement to the PHI. If we accept your request to amend, we will make reasonable efforts to inform others, including people you name, of the amendment and to include the changes in any future disclosures of that information.

**Right to Receive an Accounting of Disclosures** - You have the right to receive a list of instances within the last 6 years in which we disclosed your PHI. This does not apply to disclosure for purposes of treatment, payment, health care operations, or disclosures you authorized and certain other activities.

**Right to File a Complaint** - If you feel your privacy rights have been violated or that we have violated our own privacy practices, you can file a complaint with us in writing or by phone using the contact information at the end of this Notice. We will not take any action against you for filing a complaint. You can also file a complaint with the Secretary of the U.S. Department of Health and Human Services Office for Civil Rights by sending a letter to 200 Independence Avenue, S.W., Washington, D.C. 20201 or calling 1-800-368-1019, (TTY: 1-866-788-4989) or visiting [www.hhs.gov/ocr/privacy/hipaa/complaints](http://www.hhs.gov/ocr/privacy/hipaa/complaints).

**Right to Receive a Copy of this Notice** - You may request a copy of our Notice at any time by using the contact information list at the end of the Notice. If you receive this Notice on our web site or by electronic mail (e-mail), you are also entitled to request a paper copy of the Notice. Contact Information: 603-532-9888 or email [Mary@RealityCheckNow.org](mailto:Mary@RealityCheckNow.org).