

# NEW JERSEY VENDOR TRAINING 2020

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U.S. PROBATION OFFICE & U.S. PRETRIAL SERVICES AGENCY



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**welcome**  
**WE'RE GLAD YOU'RE HERE**

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# NEW REFERRAL PACKET



VENDOR LETTER



FORM 45/RELEASE  
FORM



PSI

# VENDOR LETTER

- Provide Treatment only as directed on the Probation Form 45 (Treatment Services Plan).
  - Notify the USPO/USPTSO within 24 HOURS
  - Submit an Initial Vendor Treatment Plan
  - Submit a typed Discharge Summary to the USPO within 15 calendar days after treatment is terminated.
  - The treatment provider shall directly observe defendant/offender voiding into a specimen collection container
  - A copy of the offender's presentence investigation report which is clearly marked, "Confidential".
- This Court document is NOT TO BE COPIED OR DISTRIBUTED

**Alert Toxicology Services, Inc.**  
1111 Newby St., Collins, LA 70002  
(504) 361-8600 (504) 433-3622

**Chain of Custody for Drug Analysis**  
Federal Probation Services

Specimen Number: **B03200748**

Account Number: **03320004P** ← **P - Probation**

Resident Name & Address:  
**NEW JERSEY PROBATION-TRENTON**  
**387 US COURTHOUSE, 400 EAST ST**  
**TRENTON, NJ 08604**

Phone: **609-965-2073**

Specimen ID: **03320004P**

Specimen ID INFO: always - PO Initials → **EY** Date Collected: **10/21/15**

Collector's Name: **FIRST LAST**

Offender/Defendant Last Name: **DOE**

First Name: **JANE**

PACTS # **11234567** ← PACTS # (Case/Case ID)

Reason For Spec. Recd:  In Forensic Report  In Law Enforcement  In Court Report  In Other (specify)

**MEDICAL QUESTIONNAIRE**  
Medication Name: \_\_\_\_\_ Date Used: \_\_\_\_\_

**Offender/Defendant Certification**  
I certify the specimen I have provided on this form is my own and has not been adulterated. The specimen number has been noted on my person. I have notified the specimen collector of the form, the bench, and the specimen amount and am identical.

**Specimen Collector Certification**  
I certify I collected the specimen identified by the specimen number on this form in accordance with the required collection procedures. I certify I applied the specimen number and bench to the specimen bottle by the offender/defendant's presence. I have notified the specimen collector of the form, the bench, and the specimen amount and am identical.

**Specimen Transfer Certification**  
I certify I prepared for transfer to Testing Laboratory the specimen identified by the specimen number on this form and have notified the identity of the specimen with the collection bench of custody documentation. I certify I applied the collection number and bench to the specimen bottle. I have notified the specimen collector of the form, the bench, and specimen amount and am identical.

**Testing Laboratory**  
PACTS # **B03200748**  
Specimen No. **B03200748**

**Security Seal**  
Federal Probation/Pretrial  
PACTS # **B03200748**  
Specimen No. **B03200748**

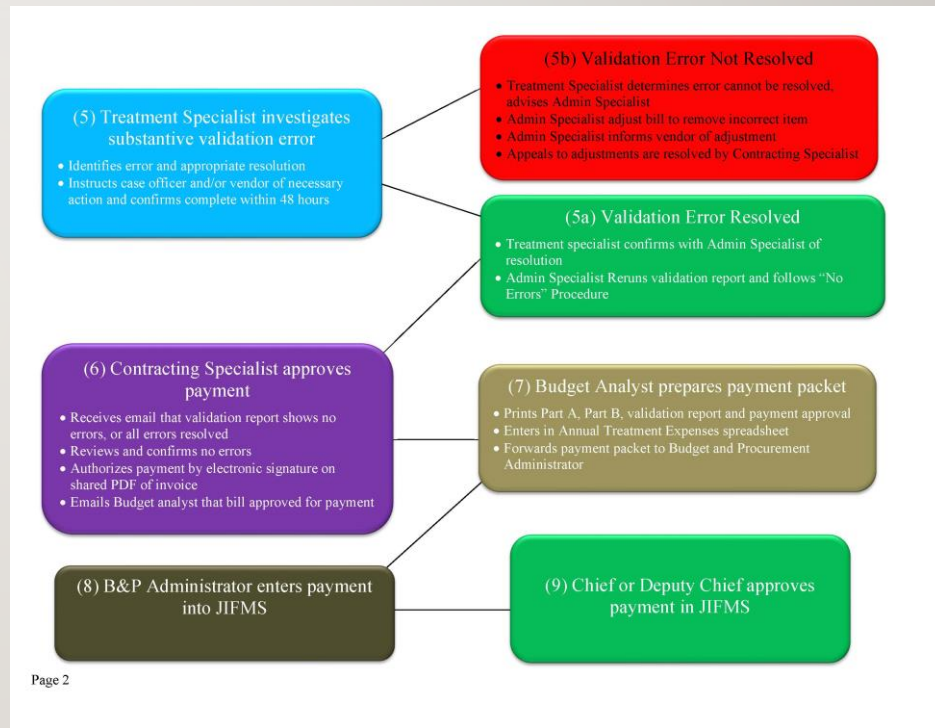
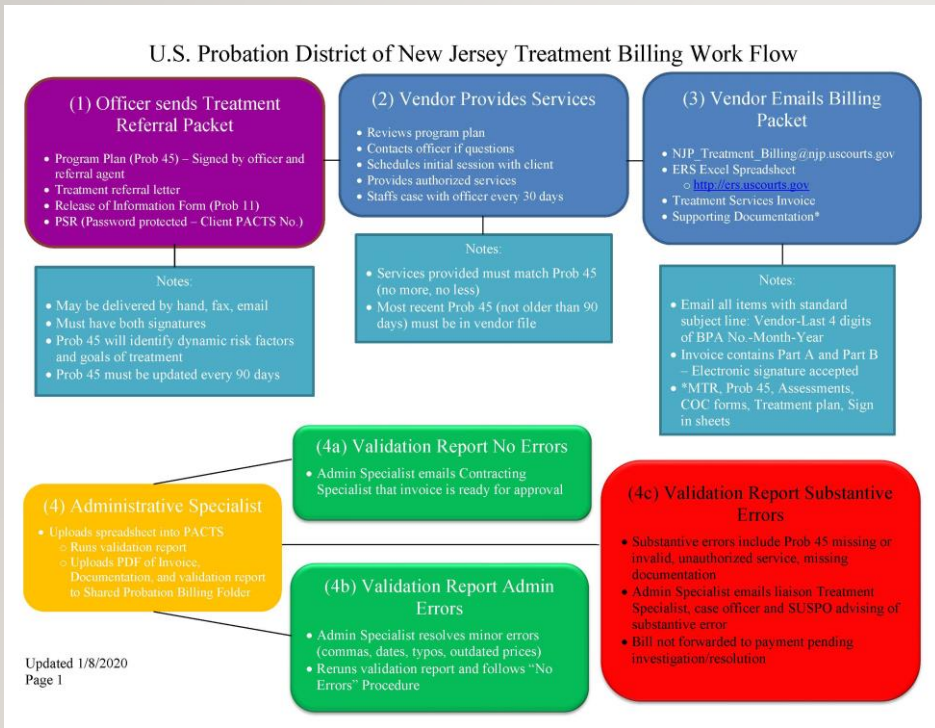
**AMAZON FOR IDENTIFICATION**

- Alere Chain of Custody
- PROBATION- GREEN
- PRETRIAL - BLUE
  - Specimen number
  - Case Officer initials
  - Date
  - confirmation
  - PACTS number
  - Signature

# HIPAA/FILE DISCLOSURE

- The vendor shall comply with the HIPAA privacy rule Security Standards for the Protection of Electronic Protected Health Information set forth at 45 C.F.R. § 164.302 to 318 with regard to electronic information.
- Disclose defendant/person under supervision records only in accordance with 42 C.F.R. Part 2, and 45 C.F.R. § 160.201 to 205 and Part 164 (even if the vendor is not otherwise subject to 45 C.F.R. § 16.201 to 205, and Part 164). The vendor shall disclose records only after advising the USPO/USPSO of the request and any exceptions to the disclosure of, or an individual's right of access to, treatment or protected health information that might apply.
- Identify any records that disclose the identity of a defendant/person under supervision and protect as CONFIDENTIAL.

# BILLING PROCESS



# CODE OF CONDUCT

Avoid compromising relationships with defendants/person under supervision and probation or pretrial services staff, and NOT employ, contract with, or pay any defendant/person under supervision or defendant's/person under supervision's firm or business to do any work for the vendor either at the vendor's facilities or personally for any of the vendor's employees during the period of this agreement.

Report any such improprieties or the appearance thereof immediately to the USPO/USPSO or designee.

Report to the USPO/USPSO any investigations, pending charges, arrests and/or convictions related to a criminal offense, any restrictions on staff licenses or certifications, whether imposed or voluntary, involving any staff performing services under this agreement within 48 hours of obtaining knowledge.





