

# RECOVERY SERVICES OF NORTHWEST OHIO

511 Perry Street  
Defiance, Ohio 43512

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## DEFENSIVE DRIVING COURSE (DDC) CONFIDENTIALITY STATEMENT

[3793:4-1-02 (FF) (2) (d)]

\_\_\_\_\_,  
Print Client Name

By signing below I acknowledge the following:

- I will pay \$100.00 for the DDC Program.
- I consent to receive DDC services.
- I have received a copy of the educational curriculum for the DDC Program.
- I have received the program's client rights and grievance policies and procedures.
- I have received a written summary of the Federal Laws and Regulations pertaining to the confidentiality of client records as required by 42 C.F.R. Part 2.

\_\_\_\_\_  
Client's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Counselor's Signature

\_\_\_\_\_  
Date

