

RECOVERY SERVICES OF NORTHWEST OHIO

511 Perry Street
Defiance, Ohio 43512

Phone: 419-782-9920
Fax: 419-784-2523

72 Hour Driver Intervention Program CONFIDENTIALITY STATEMENT

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

_____,
Print Client Name

By signing below I acknowledge the following:

- I will pay \$375.00 for the DIP Program.
- I consent to receive DIP services.
- I have received a copy of the educational curriculum for the DIP Program.
- I have received the DIP program rules and expectations.
- 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.
- I have received a packet containing educational material on HIV/AIDS, STD'S, Hepatitis A, B, C and TB.

Client's Signature

Date

Counselor's Signature

Date