

RECOVERY SERVICES OF NORTHWEST OHIO

511 Perry Street
Defiance, Ohio 43512

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

DEFENSIVE DRIVING COURSE (DDC) CONFIDENTIALITY STATEMENT

[5122-29-12]

_____,
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