



## EDUCATION PROGRAM Registration Form for 2019

### PROGRAM DATE YOU WISH TO ATTEND: Please check one

- January 19    February 16    March 16    April 20    May 18    June 15    July 20  
 August 17    September 21    October 19    November 16    December 21

**SATURDAY, 8:00 AM – 5:00 PM**

*Thank you for choosing the Education Program at Lake-Geauga Recovery Centers, Inc.* This program was designed to give participants an overview of substance abuse and addiction, and to provide valuable information in maintaining healthy lifestyle choices.

- To be **FULLY** registered, payment must be included with this registration form. Registration deadline is 48 hours before the day of the program, or when the program is full. Please call to check on program status.
- The registration fee is \$125.00. (Military discount \$112.50, and must be paid at the office).
- **You may register and pay on line at [www.lgrc.us](http://www.lgrc.us).**
- You may send ***cashier's check or money order (payable to Lake-Geauga Recovery Centers)*** with registration form to:

Lake-Geauga Recovery Centers, Attn: Education Program  
9083 Mentor Avenue, Mentor, OH 44060

- **Cash or credit card** will be accepted in person at the above address from 8:00 AM – 7:00 PM Monday through Thursday, and 8:00 AM – 3:00 PM Fridays. Please call in advance to check for holidays or office closings.
- No Personal Checks will be accepted.
- Military personnel and their immediate families will be offered a 10% discount off the cost. Please bring a military ID, photo, or proof of military status and relationship to the military personnel to the office.
- Upon receipt of your registration and fee, a confirmation letter containing program date, instructions and guidelines will be mailed to you. At this time, your information maintained by this program is protected by federal laws and regulations as per the Confidentiality/Privacy Rule below.
- If you do not receive a confirmation letter, it is your responsibility to notify Lake-Geauga Recovery Centers. Call 440-255-0678 if you have any questions.
- **Your registration fee is non-refundable after scheduling. If you do not attend, you will forfeit your fee.** A rescheduling fee of \$15.00 will be required before being accepted into another program date.

### **CONFIDENTIALITY/PRIVACY RULE**

I understand that my records are protected by federal regulations governing Confidentiality of Alcohol and Drug Abuse Patient Records, 42 CFR Part 2 and cannot be disclosed without my written consent unless otherwise provided for in the regulations. Drug abuse patient records are also protected under the Health Insurance Portability Act of 1996 (HIPAA), 45 C.F.R., parts 160 and 164. The HIPAA Privacy rule provides individuals the right to request confidential communications or that a communication of PHI is made by alternative means, such as sending correspondence to the individual's office instead of the individual's home. The Privacy rule generally requires healthcare providers to take reasonable steps to limit the use or disclosure of, and request for PHI to the minimum necessary to accomplish the intended purpose. These provisions do not apply to uses or disclosures made pursuant to an authorization requested by an individual.

**Please read and fully complete the registration form below.**

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_ MI: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

HOME PHONE: (\_\_\_\_) \_\_\_\_\_ WORK PHONE: (\_\_\_\_) \_\_\_\_\_ COUNTY: \_\_\_\_\_  
(if applicable)

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ GENDER:  M  F SOCIAL SECURITY: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

REFERRAL SOURCE: \_\_\_\_\_ ASSOCIATION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

EMPLOYER: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

**DO YOU NEED TO COMPLY WITH REGULATIONS OF THE DEPARTMENT OF TRANSPORTATION? Yes / No**

EMERGENCY CONTACT: \_\_\_\_\_  
Name Relationship Phone number

ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_

RACE: White / Asian / Black / Native American / Other / Unknown  
ETHNICITY: Puerto Rican / Mexican / Cuban / Not Hispanic or Latino / Other  
LANGUAGE: (If other than English): \_\_\_\_\_  
MARITAL STATUS: Divorced / Married / Other / Single / Widowed  
CURRENT LIVING: Own Home / Friend or Relative's Home / Supervised Group Living / Other \_\_\_\_\_  
EDUCATION LEVEL: (0 thru 19): \_\_ \_\_ VETERAN: Y / N  
RELIGION: Catholic / Episcopalian / Hindu / Jewish / Lutheran / Methodist / Protestant / Christian / None  
Other \_\_\_\_\_

**CORRESPONDENCE**

I wish to be contacted in the following manner:  
 Contact me at the following number(s) \_\_\_\_\_ for registration information in the event that Lake-Geauga Recovery Centers needs to check information on the registration form.

**I, the undersigned, certify that all information contained in this form is true and accurate.**

\_\_\_\_\_  
Client signature Date

Interoffice Only: Paid \$ \_\_\_\_\_ by Cash MO Check Other \_\_\_\_\_ Receipt # \_\_\_\_\_  
Confirmation was sent by mail given in person at office Program rescheduled to \_\_\_\_\_ & confirmation sent