



ANGER MANAGEMENT INTERVENTION PROGRAM
Registration Form for 2024

MONDAYS, 5:30 PM – 7:00 PM, 6 WEEK SESSIONS

Start Dates:

- January 8th – February 19th (skip January 15th due to MLK, JR Day)
 - March 11th -April 15th
- May 6th – June 17th (skip May 27th due to Memorial Day)
 - July 8th – August 12th
- August 26th – October 7th (skip September 2nd due to Labor Day)
 - October 21st – November 25th

Thank you for choosing the Anger Management Intervention Program at Lake-Geauga Recovery Centers, Inc. This program was designed to help individuals who have a difficult time controlling anger by teaching tools to identify anger cues and triggers along with diversion techniques, to increase the individuals' awareness of personal patterns and behaviors regarding anger, and to assist them in developing an anger control plan.

- To be ***FULLY*** registered, payment must be included with this registration form. Registration deadline is 48 hours before the start day of the program, or when the program is full. Please call to check on program status.
- The registration fee is \$60.
- **You may register and pay on line at 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: Anger Management Intervention
Program
9083 Mentor Avenue, Mentor, OH 44060

- ***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 or cash will be accepted.
- 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.
- If you are referred to this program by an agency, court, employer, etc., it is your responsibility to ensure the program fulfills those requirements.
- Once registered and a release of information has been signed to your referral source, that entity will be notified if you do not show for sessions.

- Upon completion of all 6 classes, you will receive a certificate of completion.

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: _____

CELL PHONE: (____) _____ WORK PHONE: (____) _____ COUNTY: _____
(if applicable)

DATE OF BIRTH: ____/____/____ GENDER: M F SOCIAL SECURITY: _____ - _____ - _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMPLOYER: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

WILL THIS CLASS BE USED TO FULFILL REQUIREMENTS OF COURT/PROBATION/EMPLOYMENT/JFS CASE PLAN? 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 Credit Card MO/Cashier's Check Other _____ Receipt # _____
Confirmation was sent by mail given in person at office Program rescheduled to _____ & confirmation sent