LAKE-GEAUGA
RECOVERY CENTERS

EDUCATION PROGRAM
Registration Form for 2027

PROGRAM DATE YOU WISH TO ATTEND: Please check one

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

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.
- **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: Education Program
9083 Mentor Avenue, Mentor, OH 44060

- Or ***credit card*** in person at any of our outpatient offices (9083 Mentor Ave, Mentor; 134 S. St. Clair, Painesville; 209 Center St., Chardon) from 9:00 AM – 4:00 PM Monday through Thursday and 9:00 AM – 3:00 PM Friday. Please call in advance to check for holidays or office closings.
- No cash or personal checks 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.

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.
My email address is: _____

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