



## JOURNIES INC.

700 36<sup>th</sup> Street SE, Ste. 106  
Grand Rapids, MI 49548  
Phone: 616.774.7002  
Fax: 616.774.7007

### CLIENT INFORMATION/ CONFIDENTIALITY OF ALCOHOL/DRUG ABUSE CLIENTS

I verify that I have been given the following information:

1. The "Know Your Rights" brochure.
2. Confidentiality information: The Federal Law and Regulations protect the confidentiality of alcohol and drug abuse clients. It is against the law to say to another person outside of our office that a client came to our offices or received services, or to give information that identifies a person as an alcohol or drug abuser (Federal Law 42 CFR Part 2).

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Journies Signature

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Date

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Client Signature

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Date

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Social Security #: XXX - XX - \_\_\_\_\_ Driver's LIC #: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cell: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F \_\_\_\_\_ O Date of Birth: \_\_\_\_\_

Employer/Phone: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Cell: \_\_\_\_\_