



JOURNIES INC.

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Grand Rapids, MI 49548
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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).

Journies Signature

Date

Client Signature

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: _____