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# P.O. Box 1063  Mission, Kansas  66222-0063

Phone: 913-789-0951 or 1-800-281-0029  Fax: 913-789-0954

|  |  |
| --- | --- |
| Client Name: | DOB: |

# **CLIENT VERIFICATION**

My signature below verifies that:

1. I have received the policy on Confidentiality of Alcohol & Drug Abuse Client Records.
2. I have received a copy of the Complaint, Grievance & Appeal Procedure.
3. I have received a copy of the Client Rights & Responsibilities.
4. I have received a copy of the Eligibility & Service Fee Schedule pertaining to services provided by Heartland RADAC.
5. I have received a copy of the Infectious Disease Handout, Pregnancy Handout and Fentanyl Factsheet.

I have had the all the above listed information explained to me by a member of the Heartland RADAC staff and have been given a copy by the method marked below:

|  |  |
| --- | --- |
|  | The intake packet was sent via US Mail per the client's request. |
|  | The intake packet was sent via email per the client's request. |
|  | The intake packet was given to the client in person, at the time of the assessment. |
|  | The intake packet was downloaded from the Heartland RADAC website, per the client. |
|  | The intake packet was sent via DocuSign per the client's request. |

I hereby give my consent to receive services from Heartland RADAC staff.

|  |  |
| --- | --- |
| Client Signature | Date |
| Witness Signature | Date |