



**ANGER MANAGEMENT INTERVENTION PROGRAM**  
Registration Form for 2020

**MONDAY'S, 5:30 PM – 7:00 PM, 6 WEEK SESSIONS**

2020 Start Dates:

- March 9th – April 13<sup>th</sup>
- July 6th – August 10<sup>th</sup>
- November 2nd – December 7<sup>th</sup>
- May 4th – June 15th (skip May 25th due to Memorial Day)
- August 31st – October 12th (skip Sept. 7th due to Labor Day)

*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 their anger by teaching tools to identify anger cues and triggers along with diversion techniques. To increase the individuals' awareness of their 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](http://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
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- ***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: \_\_\_\_\_

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: \_\_\_\_\_

**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

