



P.O. Box 1063 • Mission, Kansas • 66222-0063
 Phone: 913-789-0951 or 1-800-281-0029 • Fax: 913-789-0954

Client Name:	DOB:
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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