

FAMILY GUIDANCE CENTER OF WARREN COUNTY
SUBSTANCE ABUSE TREATMENT PROGRAM

Client Acknowledgment of Advisement of
Alternate Service Provider Options

By my signature below, I acknowledge that I have read and understand the following:

1. The Family Guidance Center cannot discriminate against me on the basis of my religion, any religious belief I have, my refusal to hold a religious belief or my refusal to actively participate in a religious practice.
2. If I object to the non-religious character of the Family Guidance Center, federal law gives me the right to have the Center refer me to an alternate provider of substance abuse services that does have a religious character.

I am hereby advised that:

- a) the referral and the commencement of services with the alternate provider must occur within a reasonable period of time after my request for a referral;
- b) the alternative service provider must be accessible to me and have the capacity to provide substance abuse treatment services;
- c) the services provided to me by the alternative provider must be of a value not less than the value of the service I would have received from the Family Guidance Center.

Client Name (please print)

Client Signature

Date