



GEORGIA DEPARTMENT OF
COMMUNITY HEALTH

STATE OF GEORGIA
DRUG ABUSE TREATMENT AND EDUCATION PROGRAM PERMIT

This is to certify that a permit is hereby granted to

VALOR BEHAVIORAL HEALTH, LLC

(Name of Governing Body)

to maintain and operate a **DRUG ABUSE TREATMENT AND EDUCATION PROGRAM** with _____ branch offices, named as

VALOR BEHAVIORAL HEALTH

(Name of Facility)

Approval is granted to provide the following programs **INTENSIVE OUTPATIENT DRUG ABUSE TREATMENT AND EDUCATION PROGRAM FOR
ADULTS AND ADOLESCENTS (MALE AND FEMALE) AGES 13 AND OLDER**

ASAM Levels:

I (OUTPATIENT); II.1 (INTENSIVE OUTPATIENT); II.5 (PARTIAL HOSPITALIZATION)

Said facility and premises are located at **1190 W DRUID HILLS SUITE 150**
(Street)

in **BROOKHAVEN**, County of **DEKALB**, Georgia.
(City or Town)

This permit is effective **March 29, 2023** and remains in effect unless revoked or suspended.

"This permit is granted pursuant to the authority vested in the Department of Community Health, Official Code of Georgia, Title 26, Chapter 5, and signifies that the provider complies with the Rules and Regulations of the Department of Community Health on the date this license was issued."

THIS PERMIT IS NOT TRANSFERABLE

Permit No: **DRUG001356**

GEORGIA DEPARTMENT OF COMMUNITY HEALTH

HEALTHCARE FACILITY REGULATION DIVISION

Benjamin Arbise, Deputy Chief