



Acknowledgement of Forms Received

Forms Received

Please Initial if Received

HIPPA

Clients Rights Policy

Informed consent to treatment

Participants rights Policy

Privacy and Billing Information

Liability of Destructive Behavior

Provider Designation Form

Grievance Process

Protection and Advocacy

Controlled Substance Agreement (Medication Management)

Transportation and Emergency Consent (PSR & DDA)

Signature on File

By signing this, I indicate I have received and understand all the information I have initialed above. I have had the forms verbally explained to me and have been given the opportunity to ask questions about this information. I submit my signature for the purpose of records verification of authenticity.

Client Name (Print)

Client/Parent/Guardian Signature

Date

Clinician Signature

Date