



## Handbook Signature Page

**Policies and Procedures reviewed:**

Rights and Responsibilities	Treatment Planning
Consent to Treatment	Discharge Planning
Confidentiality Pledge	Family Involvement
Intake	Child and Adolescent Program
Fees	Mental Health Programs
Dual Relationship	

Would you like a copy?      Yes                  No

If yes, how would you like to receive a copy of the Patient Handbook? \_\_\_\_\_

By signing below, I certify that I have read and understand the policies and procedures outlined in the Patient Handbook. Should I have any questions, it is my responsibility to ask so I may have a clear understanding of what is expected of myself and of my care at REACH 907 Resilience Behavioral Health.

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Signature of Guardian or Caregiver

Print  
Date

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Staff Signature

Print  
Date

**Office Use Only:**

Sent Copy of Handbook to Client Per Request:

Sign: \_\_\_\_\_ Date: \_\_\_\_\_

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