



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.

Signature of Client

Print
Date

Staff Signature

Print
Date

Office Use Only:

Sent Copy of Handbook to Client Per Request:

Sign: _____ Date: _____